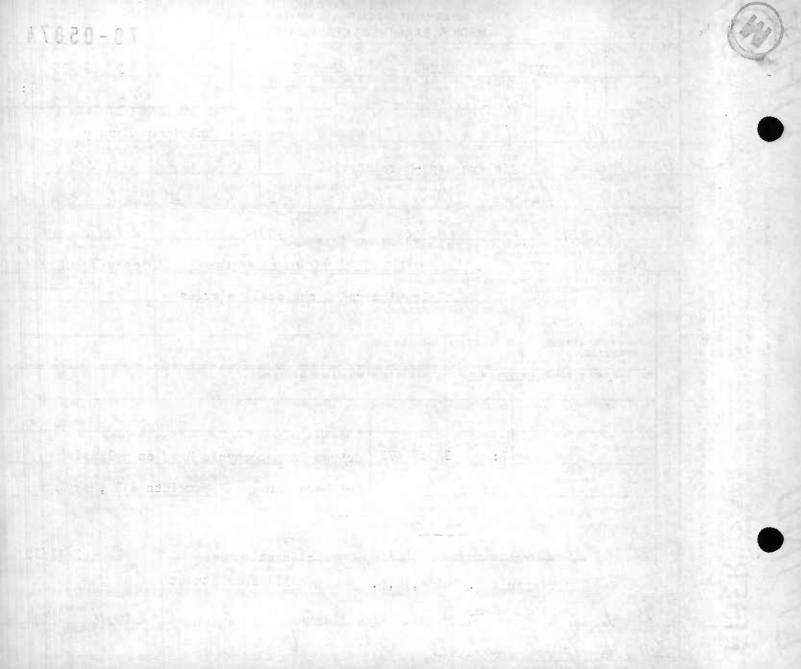
X			FOR			D	EPARTA	AENT OF		AND M	ENTAL	HYGIEN	E				
7			STATE REGISTRAR			MED	ICAL E	XAMIN	ER'S C	ERTIFI	CATE				NO.7 9	-058	174
			CEASED NAME OR PRINT)	E FIRST	-11		MIDDLE	DE L		LAST			2a. DATE OF	KNOWN ESTI-	X MONTH	DAY YEA	R 2b. HOUR
150	LEASE CTOR. FILES. HOURS TREET,			DAV			WAYN			TAWNI			DEATH	MATED	□ 3	16 19 7	9 M
	LEASE FILES. HOURS TREET,	3. SEX		4 RACE	S. DATE	OF BIRTH DAY	YEAR	6. AGE (IN YE LAST BIRTHD			IF UNDE	R 24 HRS.	2c. DATE	NCED	MONTH	DAY YE	7:45 P M
	ARY ON TO N		le	White		4 24	1964	14 Y	RS.				DEAL	100	3	16 197	
-	報報を開き	7a. BI	RTHPLACE (S'	TATEOR	76. CITIZ	EN OF WH.	AT COUNT	TRY?			EVER MAR				-	NTY OF DEATH	
	型意味 1	10. CI	TY OR TOWN	OF DEATH	II NAM	J.J. H	TAL NIID	SING HOMI	WIDOW		DIVOR				re Cou	unty 1126. KIND OF	MD.
	THE STATE OF	m		1	(IF NO	T IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)			JIION		MOST OF WO		THE OF WORK	OR INDL	STRY
	DS NO DE	USUA	ARRIGHT	(IF IN NURSING HOME OF				e-Marr		rille			PDUTE	nT		Scho	^
21201	P PETA	13a. S	TATE M	).   13b. COUNT				OR TOWN REIGHS		YES	CITY LIMITS?		HOLL	ESS	WARd	s ChA	Pel Rd.
	PW 25 TV	14. FA	THER'S NAME		MIDDLE			AST		15. MOTH	ER'S MAID	DEN NAME		MIDDLE	1	LAST	
RE, N	R DEAT		K		1.		1AU				Pegg	14	W.U.		Eb	eling	
MO	FOR LONG		VAS DECEASEI	D EVER IN U.S. ARA			16b. SOC	IAL SECURIT	Y NO.	17. INFOR		-		ADDRE	,	11 . 11	MI
BALTIMORE, MD.	URS AFTER DEATH  B. GIVE PAGES 1,  WITH FORM PM.  PAGES 1 AND 2  DIVISION OF VITA		No		-			None		Ko	na d	1AL	viney	111	ARRI		ATE INTERVAL
			PART I DE	F DEATH (Enter onle EATH WAS CAUSED						l c _1	1					BETWEEN O	SET AND DEATH
NO	24 25 25 25 25 25 25 25 25 25 25 25 25 25		010	IMMEDIAT				Le vis		L & SI	кетес	ar in	juri	es			
REST	ED WITHIN PENCIL IN AMINER A L-TRANSIT VENTAL HY	7		ns, if any, which	1												
× .	N PENCI EXAMIN EXAMIN RELTRAI MENTA		cause (a	se to immediate ) stating the <u>under-</u>	DI	JE TO, OR A	AS A CON	SEQUENCE	OF	F 1 4 5 5							
301	- X < > 10-		lying cau	ose last.		(c)											
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	372475		PART 2 OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTIO		UT NOT RELAT	ED TO THE TERM	IINAL DISEASE	OR CONDITIO	ON GIVEN IN I	PART 1 (a).	1130				
0	MED WED AS AS EALTH	CERTIFICATION								147		2100	200				
AL RE	SHOULD SRD "PER CHIEF A E USED OF HEA	CA	19a. DATE OF	OPERATION	19	b. CONDITI	ON FOR V	VHICH OPER	M NOITA	'AS PERFO	RMED?					20. AUTOP	
N T	WORD WORD THE CHIE	RTIF	710 EXTERNA	AL CAUSE WAS	71	b. TIME OF	INIIIDY	1-05	21, H	JW INITIE	Y OCCUPE	DED (ENTER)	NATURE OF IN	JII IDV IN ITEM	18 PART 1 OR F	YES X	NO [
0 7	A P P P P P P P P P P P P P P P P P P P		LINDERLYING		H	HOUR A.M.	MONTH	16 1979	3								
SIO	CERTIFIC TING TH DED TO 3 SHOU DEPART PRIOR TO	MEDICAL	214 INTITION	CCLIPPED		e. PLACE O			21f. LO	CATION	in mo	corcy	усте.	nead	on co	llision	
DIV	WRITING WARDED WARDED PAGE 3 STATE DEF	ME	WHILE AT WORK	NOT WHILE AT WORK	L 1	street, facto		C.)		icher	g Lan	10	CITY OR TO		svill	e, Maryl	and
	E. THIS CRITICAL WEIT RWARD PAGE STATE			fy that I taak charge	1.			as halden	Autap		Inspecti		Inquiry		and in my		
	INE FOR TOR		death result		al causes		Accident		icide		icide		termined m		].	арінші	
	EXAMIN CERTIFIC JLD BE I DIRECTO WITH TH ARYLAND		GCGIII 1 CSGII	1		\A.					SPECIFY)						
	CAL EXA THE CERT SHOULD ERAL DIRE EATH, WIT RE, MARY		ACTUAL SIGNATURE	Unge	ma	LL.	elen	711	M	D. Ass	istar	t_MED	ICAL EXA	MINER	DATE		7/79
	DEA SH		EXAMINER'S	NAME							111	Penr	Cha	00+			
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY FOR EVALUATION OF THE PAGE A SHOULD BE FORY AFTER DEATH, WITH THE SI BALTMORE, MARYLAND—21		(TYPE OR PRI	NT) Vi		ia L.		n, M.I		ADDRESS.				eeL			
	E G Z T E G	23a. B	URIAL CREMA	TION, REMOVAL 2	-	9-79	23c, N	AME OF CE	METERY O	R CREMAT	ORY	Z3d. LC CITY	GATION		.13 .00	STATES A LINE	ANS"
	BP	24. F	JNERAL DIREC	TOR	5 1	1-17	19	uce 0	LIL	Cernel	ZA DATE	E REC'D. B	PARCON Y PEGISTR	AR ZSbe RE	GISTRAR'S	SIGNATURE	11/4
	DHMH - 17 (VR A15 ME (5))	1	MAME Y	1) Think	7	ADJRES	-01	N	1		MAR	211	979		South	and and	
	15M 7/76		wy c	v. Huyn	U .	TYKU	well	112	-		THUS!	NI	212				



## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	7 9	9-05	875
		CEASED NAME	FIRST		MIDDLE	L L	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
1	(1110		SE	M		TEICH	IERT	MARCH	14, 19	79	L1:30 a
1	3. SE		1	RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	I	Temale		White		Dec	. 29° 189°2°	86	YRS.	ONTHS DAYS	HOURS MIN.
10		RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
5	Phi	Tadelphia		U.S		WIDOWE	DIVORCED	BALTIMO	RE COL	JNTY	M
8		TOWSON		ST.	JOSEPH H	OSPITA	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Housewife		12b. KIND OF INDUSTRY	BUSINESS O
35	13a. S	L RESIDENCE (F NURS	136 COUNT Balti	Y	GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 8550 Oakl	eigh R	oad	
30		THER'S NAME FIRST Ichael	м	DDLE	allhan		15. MOTHER'S MAIDEN NA FIRST ROSE	ME MIDDLE	K	ane LAST	
7		AS DECEASED EVER			166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDRE	SS		
/	(1	ES, NO OR UNKNOWN)	(IF YES, GIVE )	VAR OR DATES)			John Teiche	rt 8550 0	akleig	h Road	
		gave rise to immoduse (a), statist underlying cause  PART 2. OTHER SIGN	last	(c)_	R AS A CONSEOU		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	EN IN PART 1(a	1
	ON				Pneumoni	a					
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO □		WERE FINDING ING CAUSES (	
9	-	21a. ACCIDENT WAS UNI	CAUSE OF DEAT		DE INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1B, PA	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCUR	HILE 🗇	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		22a.1 certify that (X saw the deceas abave, (X (we))	(this hospited	March	14 19	March 79	nd that in (n) (our) opinion	, 10			hat K (we) lo ouses stated
		22b. SIGNATURE	llu	lar-	_ /	J.D		MEDICAL STA	FF IAN 🗌	224. DATE S	GIGNED 4.79
1		224. PHYSICIAN'S N					22e. ADDRESS	Ven Herman	Sales.		- 011
				eman, M			7600 Osler		311, To	owson, l	MD 2120
	23a B	surial, cremation, specify) urial	REMOVAL	3-17-		NAME OF C	EMETERY OR CREMATORY	Cherry Hi	11/2 OW	Gounty mshap	Man
		illy & Zei	ler In	nc. 19	01-07 Ea	stern	Avenue	KELD BY TOP GAR	25 REGISTR	A SIGNATU	HE .

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

## , poge ter deat DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 0 prior Mental Hygiene ld b

18 shows

MPORTANT:

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05876 CERTIFICATE OF DEATH 2a DATE OF DEATH Artis Thayer 3 1979 IF UNDER I YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HPS MONTH White June 1920 58 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore WIDOWED 126 KIND OF BUSINESS OR Disabled Pharmacist Assistant 13e STREET ADDRESS 39 Straw Hat Road Owings Mills NO 15 MOTHER'S MAIDEN NAME Fritts Yates May Dr. F. Edmondson Thayer 16b SOCIAL SECURITY NO 17 INFORMANT 220-09-5251 Hat Rd., Apt. 2D, Owings Mills. Straw

Female To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 39 Straw Hat Rd., Apt. 2 D Owinas Mills USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136. CITY OR TOWN Baltimore MD14 FATHER'S NAME Garland 60 WAS DECEASED EVER IN U.S. ARMED FORCES No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 27h: SJGNATURS DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME / TYPE OF PRINT 22e ADDRESS

Dr. Daniel Bakal 23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

23d. LOCATION Woodlanw

Reisterstown and Slade Ave. Pikesville. MD STATE

Burial DHMH - 16 50M 1/76

FOR

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR DECEASED NAME

Marie

4 RACE

24 FUNERAL DIRECTOR LOYING Byers Funeral Directors, P.A. Liberty Rd., Randallstown, MD 21133

Baltimore

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 AGE (IN YEARS | IF UNDER 1 YR.

Thomas, Jr.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN TX 10 DEATH MATED 2c. DATE 7d HOUR 8:10 PRONOUNCED 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County, 126 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 13e STREET ADDRESS NO 1 4103 Boarman Ave. MIDDLE LAST Harris Lillie Mae Thomas 4103 Boarman Ave BETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO T of Park Hghts. Ave., Pikesville, Balto., Md. and in my opinion Undetermined manner 3/10/79 111 Penn Street 23d. LOCATION Baltimore, Maryland

VR A15 ME (5))

**DHMH - 17** 

15M 7/76

74 FUNERAL DIRECTOR

3-15-79

TYPE OR PRINT

Burial

230 BURIAL CREMATION REMOVAL 736 DATE

STATE

(TYPE OR PRINT)

REGISTRAR DECEASED NAME

Herbert

DATE OF BIRTH

4 RACE

Isaiah L. Brown & Son PA 1913 W. Balto. St. MAR

73c NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

C C SEE SE (75.

ers of . I was a cris

. . .

The state of the s

1011 .1, ...

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

STATE

79-05881

18820-07 A SALAR SAME AND A SAM

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspital or attending physician.

BP DHMH - 16 50M 1/76 (VR A 15 (4))

deoth. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05882

_		REGISTRAR				CENTII	FICATE OF DEATH	RE	G, NO.	-0588	
		CEASED NAME	FIRST		MIDDLE	1	LAST	20 DATE OF DEA		DAY YEAR	2h HOUR
- 1	(TYPE	JOH	N		J.		TRAVERS	March 6	, 1979		4:
- 1	3. SEX			4 RACE	0.	5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2
		Male		White		Aug	ust 14, 1909	69	YRS.	MONTHS DAYS	HOURS
-		RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CI		TY OF DEATH	
30	Ma	aryland		USA		WIDOWE		Baltim	ore Cou	unty	
10		TY OR TOWN OF DEA	ATH	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Vorthdale	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M Retired	OST OF WORKING	12b. KIND C INDUSTRY Nam Sunp	
36	USUA 130. S	AL RESIDENCE (IF NURS	NG NOME OR INSTERNATION Balti	OTHER INSTITUTION TY MOTE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Catonsvi	E ADMISSION) 118	13d INSIDE CITY LIMITS? YES A NEXX	13e. STREET ADDR 6141 No	ESS		
03	14 FA	THER'S NAME		AIDDLE	Travers		15 MOTHER'S MAIDEN NAMERINAL PRINTS			Casser	
1		VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	A	DDRESS		_,
1	YE	PES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-03-2	826A	Catherine Ly	nch, 630	Braesi	ide Rd.	21229
		Conditions, if ony gove rise to imi	, which	DUE TO, C	R AS A CONSEQUE	SPICE OF	e Obstrators				
	TION	gove rise to improve (o), static underlying couse	, which mediote ng the lost.	DUE TO, CO  (b)  DUE TO, CO  (c)  ONDITIONS C	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE JARM		CONDITION G	Perholisi	0
9	ERTIFICATION	gove rise to im- couse (o), stotir underlying couse  PART 2. OTHER SIGN  INC. DATE OF OPERA	, which mediote ng the e lost. NIFICANT C	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE JARM	INAL DISEASE OR THE JUTOPSYTY YES NO	CONDITION G	es, were finding causes were	o NGS USED
9	ICAL CERTIFICATION	gove rise to improve to couse (a), storing underlying couse  PART 2. OTHER SIGN  THE DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDIC	which mediate ng the lost.  NIFICANT C	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C	R AS A CONSEQUI ONTRIBUTING TO I	ENCE OF  DEATH BUT	NOT RELATED TO THE JARM N WAS PERFORMED  21c. HOW INJURY OCCURE	INAL DISEASE OR THE JUTOPSYTY YES NO	CONDITION G	es, were finding causes were	GE USED OF DEATH
99	MEDICAL CERTIFICATION	gove rise to improve to improve the course (a), storing underlying course PART 2. OTHER SIGNATURE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR	, which mediate ag the solution of the solutio	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C  ITH. COND  21b. TIME C  HOUR A  P  21e. PLACE	R AS A CONSEQUI R AS A CONSEQUI ONTRIBUTING TO I STION FOR WHICH OF INJURY M. MONTH D,	ENCE OF  DEATH BUT  OFFRATO  AY YEAR  19	NOT RELATED TO THE JARM	INAL DISEASE OR  VIDENTIAL PROPERTY OF THE PRO	CONDITION G 199. IF Y IN CERT IN TEM 18	es, were finding causes were a	NGS USED OF DEATH
99		gove rise to improve the decease of	which mediate ng the label lab	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C  115. COND  116. COND  117. COND  118. COND  119. COND	R AS A CONSEQUI	ENCE OF  ENCE OF  DEATH BUT  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCURI	INAL DISEASE OR  VIDENTIAL AUTOPSYT  VES NO  RED (ENTER NATURE OF CITY	CONDITION G  199. IF Y  IN CERT  IN TEM 1E  OR TOWN	ES, WERE FINDER TIFYING CAUSES VES (1) COUNTY  19 79	OF USED OF DEATH NO
99		gove rise to improve to couse (a), storing underlying couse  PART 2. OTHER SIGN  THE DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOT IFF MEDIC  21d. INJURY OCCUR WHILE AT WC  22a.] certify that (I) saw the decess obove, (I) (1)  22b. SIGNATURE)	which mediate of the last.  NIFICANT C  TION  DERLYING CAUSE OF DEA: CALEXAMINER)  RED  HILE CONTRIBUTION  (this happing of the last of th	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C  IN COND  11 COND  12 Ib TIME C HOUR A  P  21e PLACE (AT HOME, ST	R AS A CONSEQUI	ENCE OF  ENCE OF  DEATH BUT  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE JARM WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET  19 DEGREE  ATTENDING PHYSICIAN	INAL DISEASE OR  VIDENTIAL AUTOPSYT  VES NO  RED (ENTER NATURE OF CITY	CONDITION G  1996 IF Y  IN CERT  IN TEM 18  OR TOWN  STAFF	ES, WERE FINDER TIFYING CAUSES VES (1) COUNTY  19 79	OF USED OF DEATH NO
99	MEDICAL	gove rise to improve the decease of	which mediate ag the solution of the solution	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C  IN COND  11 COND  12 Ib TIME C HOUR A  P  21e PLACE (AT HOME, ST  of View the body	ONTRIBUTING TO I	ENCE OF ENCE OF  ENCE OF  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE JARM WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET  19 DEGREE  ATTENDING	INAL DISEASE OR.  WILLIAM AUTOPSY?  VES NO  RED (ENTER NATURE OF CITY OF COMMENTS OF COMME	CONDITION G  10b IF Y IN CERT  OR TOWN  STAFF HYSICIAN   Baltin	ES, WERE FINDER FIFTING CAUSES VES DISPART 1 OR PART 2)  COUNTY  19 79 our ond from the	STA

79-05002 La de de la companya della companya de la companya de la companya della companya Tarries obligated the proof solvetic subsection of part of the second second second second . bill e desondeon ave. , becomeved on the Breeze Functor Labour of Canonaulite. P. J. 2020

To any orange to the sail parecto, a. I. I. The state of the s

6			FOR - STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 79	-05884
M	ge 3 leoth		ECEASED NAME PE OR PRINT)  MARYANNA	VERONICA T	ROMPE TE R	2a. DATE OF DEATH MONTH DATE OF 3	M
0	ector, po irs ofter c	3.		CAUCASION	s. Date of Birth	59 YRS.	UNDER I YEAR IF UNDER 24 HRS
<b>O</b> 40 %	in 72 hou	5	BALTIMORE, MD.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY	NTY MD.
on offer of	by the fune filed within notified of	10		NAME OF HOSPITAL, NURSING (IF NOT INSUCH FACILITY GIVE STREET A REATER BALT I	OF HOME OR OTHER INSTITUTION  OFFICE MEDICAL CE	1720 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NTER — HOUSE WORK	126 KIND OF BUSINESS OR INDUSTRY  AT HOME
AND 21201	filled in ould be must be	5 13	JAL RESIDENCE (IE NURSING HOME OR OTHI STATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE 13c CITY OR TOWN BALTIMO	1 13d INSIDE CITY LIMITS?	36 STREET ADDRESS ON ST.	# 21224
MARYLAND ed within 24	ond 2 sh	2 14	ATHER'S NAME EIRST CONSTANTY CE	LE LAST .	15. MOTHER'S MAIDEN NAM	HINE KUPKOWSKI	LAST
BALTIMORE, MA	Poges 1	2 16	WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IE YES, GIVE WAR	P FORCES? 16b. SOCIAL SECUR R OR DATES) 218-80-10		OMPETER : BALTO.,	JDSON ST. 21224,MD
: 4	physicion on popers. emovol. event, the		18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	METAST	ATIC CARCINOMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	ottending nove corboi otion, or re- iroumotic e-		1539 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE			
₹ 5	by the of ose remov I, cremoti other tro		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			
DS, 201 quires th	signed her pleo to buriol, ijury, or o		PART 2. OTHER SIGNIFICANT CON	(c)	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	IN PART 1(0)
RECORDS,	permit T ne prior ws ony ir	2	190. DATE OF OPERATION 11/25/76	19b. CONDITION FOR WHICH (		200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NOW YES	WERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The	rificate bil-transit tol Hygie m 18 sho	4	21a. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	
ISION O	r this certif the buriol-t and Mentol			P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OEFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIV ENDING	OR: Afte or use os i Health 1 is mork		22a.1 certify that (I) (this hospital)	3/30	3/23 79 79_, and that in (my) (our) opinion	to 3/30, to death occurred on the date and hour	ond from the couses stoted
OR ATT	DIRECTO oched fo Dept. of		obove, (I) (we) (did) (did not) vi 22b. SIGNATURE	ew the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED 3 30-79
OSPITAL	ERAL e det Stote	/	22d PHYSICIAN SNAME (TYPE OR PRI		220. ADDRESS G.B.M.C.	DIRECTOR PHYSICIAN	12-00 11
TO HOSI	should with W	2	S.P. GIRDHA  BURIAL, CREMATION, REMOVAL 2		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	OUNTY STATE
	16 50M 7/77	2	BURIAL FUNERAL DIRECTOR C. C.	O 6224 E	ASIERN AVE.	7401 GERMAN HIL E REC'D. BY REGISTRAR 256. REGISTR	
(VR	A 15 (4))	E	charles & Jewer +31	M due. BALTO.	,21224,MD. A	PR 9 1979	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	١.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	79	-05	885	
		CEASED NAME	FIRST	/	MIDDLE	· ·	AST	20 DATE OF		NTH DAY	YEAR	2b HOUR	
	(11162	OKPRINT	NORA		L.	TROU	T	March	13,197	9			M
	3 SE	х		4 RACE		5. DATE C			ARS LAST BIRTHDA		NDER I YEAR	IF UNDER 2	4.1110
		Female		Whi	te	May	17,1919	59		YRS.	THS DAYS	HOURS	MIN
1		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMO	RE CITY OR C	OUNTY OF	DEATH	777.0	
		Va.		U.S	5.A.	WIDOWE		Bal	timore	County	7		MD.
	10 CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL C	FOR MOST OF WO	ORKING LIFE)	12b. KIND C	OF BUSINES	SOR
G		est Edmonda		5406	Channing	Road	21229	Telle				& Lo	
10	USU/ 13a. S	AL RESIDENCE (IF NURS	ING HOME OF	ROTHER INSTITUTION,	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e STREET A	ADDRESS			174	
4		Md.		timore	West Edm	ondale		5406	Channi	ng Ros	ad 2	21229	
-7	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDLE		LAS	51	1
31		Charle	es		Lamson		Nora	Same 1		Clin	ch	Kr 15	
		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	-0 V	ADDRESS			915)	
/							Mr. Donald L	. Trout	(as at	oove)			
		18 CAUSE OF DEAT PART I. DEATH W	H Enter or	nly one couse per	line for (a), (b), a	nd (c	4.	1 1			BETWEEN	ONSET AND D	AL EATH
		PARTI DEATH W		TE CAUSE (o)		1140	cardial Int	actio	N		MI	nuter	0
		410-		DUE TO, O	R AS A CONSEQU	ENCE OF	0 0 /	$\cap$	. 1				
		Conditions, if ony,	which	(b)	4	Herry	oscleratec (	Dronne	arrei	2	M. A.		
		gove rise to immo	g the	DUE TO, OI	R AS A CONSEQU	JENCE OF		d	usea				
	8	underlying couse	lost.	(c)									
	7	PART 2 OTHER SIGN	VIELSANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDIT	ION GIVEN	IN PART 1	0,	
	CERTIFICATION		Hel	imagai	a cerus	ry	7			45.45.0	F0F 611 10 1		
0	FICA	190 DATE OF OPERA	IION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTO	11	DB. IF YES, W N CERTIFYIN	G CAUSES	OF DEATH	
Xe	RTI	4		7 21b. TIME O	5 16 1 11 16 7		121 11011111111111111111111111111111111	YES 🗌	NO	YES [		NO 🗌	
4		OR CONTRIBUTING	_	110110 4	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NAT	URE OF INJURY IN	ITEM 18, PART I	OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDIC				19	NV LOCATION						
	MED	21d. INJURY OCCURE	HILE	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STAT	TE
		AT WORK AT WO	ORK -			-	1/97		17/7	7			
	15	220.1 certify that (1)		110	e deceased from.	781	nd that in (my) (our) opinion	, to	d on the date	, 19_		that (I) (we	'
	- 8	above (I) (Ge) (c	did did no	view the body	olter death.		DEGREE	dedin decorrec	7 OII IIIe dole I	0110 11001 011	771 DATE		eu
		1	. 0	11 8	han		ATTENDING	MEDICAL	STAFF	-	3-1	(C-7	9
	- 40	124 PHYSICIAN'S NA	AME down	NU	1000		Tyze ADDRESS	DIRECTOR	PHYSICIAN	40	21	4 /	1
			7.30 July 55		36 30		West and the second						
		Philip		Moore.				ch Ave		1211			
	230. 8	BURIAL, CREMATION,	REMOVAL	, ,	W		EMETERY OR CREMATORY berty Methodis	23d. LOCA	RTOWN		INTY	STAT	E
	24 61	Burial UNERAL DIRECTOR		13/17/1	979 6	hurch	Cemetery	Balt	imore (			yland	
		NAME	-1.	ElEl P	ADDRESS		61667	VIAK 19	1070	REGISHKAR	SSIGNA	a.C.	,
	0	G. Truman S	cnwab	DIDI E	alto. Na	t'L. P.	lke	mun T A	DIJ	1	7//	- British	my .

DHMH - 16 50M 1/76 (VR A 15 (4))

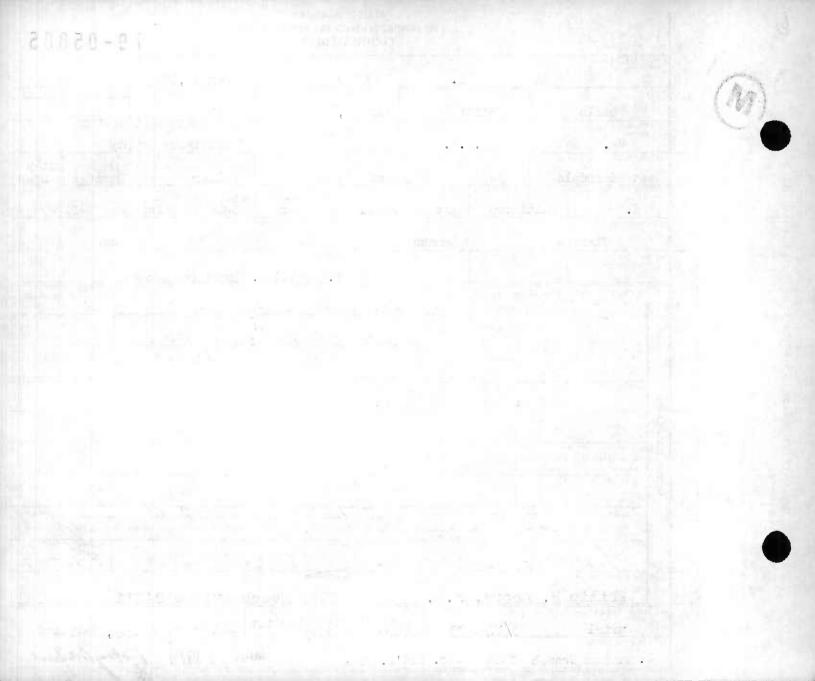
should be detached for use as the burial-transit permit. Then please remove corban papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has

etained by the hospital or

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other trau



## may be

by the attending physician and completely filled in by the funeral director, page 3 se remove carbonpopers. Pages 1 and 2 should be filed within 72 hours ofter death

must be notified of once

to Duriut, versions injury, or other troumatic event, the medical expan

should be detached for use as the burial-transit permit. Then please remave c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

	1 -	STATE	DEPARTM		EALTH AND MENTAL HYGI	ENE	70	05	222
		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	. 19	-03	0.00
		CEASED NAME FIRST	MIDOLE	770	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
3,	(IIII)	[ LARIE	es W'	H	4F		2 -1	2-79	-930 AM
	3. SE)		4. RACE	5. DATE O	F BIRTH	6 AGE IN YEARS LAST BIN	DAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		MALE	Carc	2	2 N / 19	57 6	O YRS.	NTHS DAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
5	-	fr /1d	USA	WIDOWE		BACI	T. Co	wast	MD.
-	10. CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A</li> </ol>		ROTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND QI INDUSTRY	BUSINESS OR
G		BALTECIA	V 1508 Be	rkl	ey HUE	096.5-6	Driv	2	
-	USU2 13a S	TATE 136 COUN	TY 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS			
5	M	D. Post B	ALTO ESSE	EX	YES NO P	1508	BAR	CLEY	
	14. FA	THER'S NAME			15 MOTHER'S MAIDEN NAM	-			
30		OLIVER "	MI TRU	E	BERTIE			MITH	
		VAS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE		RITY NO.	17 INFORMANT	ADDRE	SS		1 STEED 'S
	1	INK	war or dates) 2/3/8	8736	V, MILDRE	O TRU	E	A	BOLZ
		Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		of Lef	OUTION CHIEN	-15 4n	mate interval inset and death messets messets messets
	Z	TAKE OTTER STOTE REALTY CO	CHURCHS CONTRIBUTING TO D	<u>LAIN</u> BOTT	NOT RELATED TO THE TERMIN	IVAL DISEASE OR COINE	JIION GIVEN	IN PART 1(0	TEST VICE II
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21s. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
Я	EDI	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FA	5*6 \	211 LOCATION	CITY OR TOW	n.	COUNTY	STATE
H	¥	AT WORK NOT WHILE	JATHOME, STREET, FACTORY, OFFICE, FA	RM, EIC.)	JIKEE	CITIONION		COUNT	SIAIE
		22a.1 certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not	3/6 19	79.6n	d that in (my) (aur) apinion de	eath occurred on the do	te and haur a	-	that (I) (we) last causes stated
		Dancel	1 A. B.	· /		MEDICAL STAP		3/	12/25
1		DANIE (TYPEOR	PRINT) BA	55	220. ADDRESS /V	orth F.	Dece 7	- B	lun

BP.

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicia

24 FUNERAL DIRECTOR
NAME
J.G. CONNELL DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL

23b. DATE

ADDRESS 300

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OR TOWN

BALTO. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

. 6 3 3 7 0 - 9 7 ELENTER TO TRUE 109 IE 51 17 00 July EMETERS I SON ROLLEY PROE WELL & Monday MOTOR SOUTH ASSET ALTER ABOUT THERE I STATE SERTION AND SANTON DOOR THE STATE OF MILDRED STRUET SHEET Paragrado and de sido se The second of the second of the second But I De les the the start BATTO LONG MANY MANY REPORT OF THE SERVICE OF THE S BURNET STEPS HELLS PALL BRATE I AND The deal section is a section of the section of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH DAY (TYPE OR PRINT) 28 HOWARD **FAIRBANKS** TURNER 79 bode 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS ofter MONTH O F 16ª MONTHS DAYS HOURS 000 MALE 62 WHITE YRS To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED COUNTRY DIVORCED WIDOWED BALTIMORE COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY-BALTIMORE ARROWVER TORMAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 9203 CHENOAK MARYLAND BALTO. BALTO. NOX YES | 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE

12b. KIND OF BUSINESS OR Ma WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Ame APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 200 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES  $\square$ NO YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION STREET CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from, saw the deceased plive on abave, (1) (we) (did) (did not) wew the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 'S NAME LEYPE OR PRINT 22e ADDRESS

TAIL

COUNTY

STATE

Hygi

PHY

TENDING

18

norked

MPORTANT

DHMH-16 20M (VRA 15, 4) 7/7B

FUNERAL I

0

24 FUNERAL DIRECTOR

23e. BURIAL TEMATION, REMOVAL

23b. DATE

23 NAME OF CEMETERY OR CREMATORY

250. DATE PEDDO BY REGISTOR 256. REGISTAR'S SIGNATURE

23d. LOCATION

	REGISTRAR		FIRST	•••	MIDO	AL EXAMIN		LAST			o DATE	REG. N	_	HTMC	DAY YEA	R 2b HC
	OR PRINT)		TOTAL		TOD	DOM	CPUT T				OF	ESTI- MATED		3	4 1970	
SEX		4. RACE	EDWIN	5. DATE OF BIR	JOR	DON 6 AGE IN Y		ELBECK IDER 1 YR. II	FUNDER	24 HRS. 2	c. DATE		X MO	HTM	DAY YE	R 2d HC
Ma	le l	WH:	ite	March 2	21,	1905 73 <sub>y</sub>	DAY) MONTH	S DAYS	HOURS	MIN F	RONOUN	NCED		3	6 1979	10
d. BII	RTHPLACE (ST			76. CITIZEN OF			10	ED NEVE	ED AA A DDI	ED []	BALTIM	ORE CITY	OR CO	THUC	OF DEATH	
M	erylanc	1	2000	USA	Ą		WIDOW		DIVORC	-	Ral	timor	- C	'oun	tv	
D. CI	TY OR TOWN	OF DE AT	гн			, NURSING HOM		ER INSTITUTIO	ION		AL OCCUI	PATION (T	YPE OF W	ORK 1	ty 26 KIND OF OR INDU	BUSINESS
T	owson					vale Roa					tire				Banki	
	L RESIDENCE		SING HOME OR		N, GIVE RESI	CITY OR TOWN	SION)	138. INSIDE CITY	Y 1 IMITS?	13e. STRE	ET ADDRE	SS		511		
	aryland		Balti			Towson		YES 🗌	NO 🔯			Rider	val	e Ro	١	
4. FA	THER'S NAME			MIDDLE	147	LAST		15. MOTHER	ST MAIDE	NAME	M	NIDDLE			LAST	1240
	John					Twelvech		Ame:						Jo:	rdan_	
6a. V	VAS DECEASEI	DEVER IN	N U.S. ARM (IF YES, GIVE W			12-16-25		Mr. Ca		COOM	OD (	ADDRES		000	, D4	21229
	no						24A	FIL. Co	arı (	1008111	all,	204 B.	Taki	alla.		ATE INTERVA
			(Enter anly AS CAUSED	ane cause per				and a sk							BETWEEN OF	SET AND DE
	2-			E CAUSE (a)		rbiturat		oxicat	lon							
	13	01		DUE TO,	OP AS A											
	Candisia		ny which		OK AS A	CONSEQUENCE	OF	1								
	gave ri	se ta ii	ny, which mmediate	(b)				1								
	gave ri	se ta ii stating t				CONSEQUENCE		/								
	gave ri cause (a lying cau	se to in stating t use last.	mmediate the <u>under</u> -	DUE TO,	OR AS A	Consequence	OF									
Z	gave ri cause (a lying cau	se to in stating t use last.	mmediate the <u>under</u> -	DUE TO,	OR AS A		OF	E OR CONDITION (	GIVEN IN PA	RT 1 (a).						
ATION	gave ri cause (a lying cau	se to in stating t use last.	mmediate the <u>under</u> - CONDITIONS <u>C</u>	DUE TO,  (c)  ONTRIBUTING TO DE	OR AS A	Consequence	OF Minal disease			RT 1 (a).					20. AUTOR	<del>5,53</del> 01
IFICATION	gave ri cause (a lying cau	se to in stating t use last.	mmediate the <u>under</u> - CONDITIONS <u>C</u>	DUE TO,  (c)  ONTRIBUTING TO DE	OR AS A	CONSEQUENCE	OF Minal disease			RT 1 (a).					20. AUBO	
SERTIFICATION	gove ri cause (a lying cou PART 2 OTHER SI	se to in stating to see lost.  GNIFICANT	mmediate the under- CONDITIONS CO	DUE TO, (c) ONTRIBUTING TO DE	OR AS A  ATH BUT NO	CONSEQUENCE OF RELATED TO THE TER FOR WHICH OPE	OF ERATION W		AED?		ATURE OF IN	JURY IM ITEM	18 PART I	I OR PART	YES E	
AL CERTIFICATION	gave ri cause (a lying cau  PART 2 OTHER SI  190 D'ATE OF	GNIFICANT	mmediate the under- CONDITIONS CONDITIONS CONDITIONS E WAS	ONTRIBUTING TO DE	OR AS A  ATH BUT NO	CONSEQUENCE OF RELATED TO THE TER	RATION W	'AS PERFORM	AED?	D (ENTER N			18 PART I	I OR PART	YES E	
	gave ri cause (a lying cau PART 2 OTHER SI 190 DATE OF 210 EXTERNA UNDERLYING CONTRIBUTI	Se to in stating to stating the stating to stating the state of the st	CONDITIONS	DUE TO, (c) ONTRIBUTING TO DE 19b. CON 21b. TIME HOUR 21b. PLA	OR AS A  ATH BUT NO  NDITION  E OF INJU A.M. MC P.M.  CE OF IN	FOR WHICH OPE  JRY  JUNY  (AT HOME.	RATION W	OW INJURY CONSTRAINED	occurre	D (ENTER N	rate	S			YES (2)	NO
MEDICAL CERTIFICATION	gave ri cause (a lying cau PART 2 OTHER SI 190 DATE OF 210 EXTERNA UNDERLYING CONTRIBUTI	Se to in stating to stating the stating to stating the state of the st	CONDITIONS	DUE TO, (c) ONTRIBUTING TO DE 19b. CON 21b. TIME HOUR 21b. PLA	OR AS A  ATH BUT NO  NDITION  E OF INJURA.M. MC  P.M.	FOR WHICH OPE  JRY  JUNY  (AT HOME.	RATION W	as perform	occurre	D (ENTER N	rate	S			YES (2)	NO
	gove ricause (a) lying cau PART 2 OTHER SI  190 DATE OF  210 EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK	OPERAT  AL CAUSE  OCCURRE	CONDITIONS	DUE TO,  (c)  ONTRIBUTING TO DE  19b. CON  21b. TIME HOUR.  21e. PLA: STREET,	OR AS A  ATH BUT NO  NDITION  E OF INJUNA.M. MC  P.M.  E OF IN  E ACTORY, FACTORY, F	FOR WHICH OPE  JRY  19  JURY  (AT HOME,  FARM, ETC.)	PATON W	ow injury congeste cation 2216 Ri	occurred ba	D (ENTER N	rate	s owson	Ва	1to	YES 5	NO
	gove ricouse (a) lying cau PART 2 OTHER SI  190 DATE OF  210 EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK  220. I certi	GNIFICANT  OPERAT  OPERAT  OPERAT  OCCURRE  NOT  NOT  V  AT  W  OF  OF  OF  OF  OF  OF  OF  OF  OF	CONDITIONS	DUE TO, (c)  ONTRIBUTING TO DE  19b. CON  21b. TIME HOUR  21e. PLAI  STREET	ATH BUT NO NDITION E OF INJU A.M. MC P.M. GEOF IN FACTORY, FACTORY, GO describe	FOR WHICH OPE  JRY 19 JURY (AT HOME, ARM, ETC.)	RATION W  216. HC 217. LO 218. LO 219. LO 200 200 200 200 200 200 200 200 200 20	ow injury congeste	DCCURRE d ba	D (ENTER N	Inquiry	s owson		1to	YES 5	NO
	gove ricause (a) lying cau PART 2 OTHER SI  190 DATE OF  210 EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY ( WHILE AT WORK	GNIFICANT  OPERAT  OPERAT  OPERAT  OCCURRE  NOT  NOT  V  AT  W  OF  OF  OF  OF  OF  OF  OF  OF  OF	CONDITIONS	DUE TO, (c)  ONTRIBUTING TO DE  19b. CON  21b. TIME HOUR  21e. PLAI  STREET	ATH BUT NO NDITION E OF INJU A.M. MC P.M. GEOF IN FACTORY, FACTORY, GO describe	FOR WHICH OPE  JRY 19 JURY (AT HOME, ARM, ETC.)	PATON W	OW INJURY CONGESTED RELIGION CONTROL OF THE PROPERTY OF THE PR	DCCURRE  d ba  verv.  Inspection  de	D (ENTER N	rate	s owson	Ва	1to	YES 5	NO
	gove ricouse (a lying cause (a lying	GNIFICANT  OPERAT  OPERAT  OPERAT  OCCURRE  NOT  NOT  V  AT  W  OF  OF  OF  OF  OF  OF  OF  OF  OF	CONDITIONS	DUE TO, (c)  ONTRIBUTING TO DE  19b. CON  21b. TIME HOUR  21e. PLAI  STREET	ATH BUT NO NDITION E OF INJU A.M. MC P.M. GEOF IN FACTORY, FACTORY, GO describe	FOR WHICH OPE  JRY 19 JURY (AT HOME, ARM, ETC.)	RATION W  216. HC 217. LOI 218. LOI 219. LOI 219	AS PERFORM  DW INJURY CO  ngeste  CATION  216 R1  ONLY  Homicie  TITLE (SPI	DCCURRE  d ba  verv.  Inspection de	D (ENTER N  rbity  ale R  Undete	Inquiry	onner	Ba ond in	1to	YES 5	Md.
	gove ricause (a)  Iying cau  PART 2 OTHER SI  190 DATE OF  210 EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (CONTRIBUTI 21d. INJURY (CONTRIBUTI 220. I certi death result	GNIFICANT  OPERAT  OPERAT  OPERAT  OPERAT  ONG  OCCURRI  NOT V  AT WC  fy that It	CONDITIONS	DUE TO, (c)  ONTRIBUTING TO DE  19b. CON  21b. TIME HOUR  21e. PLAI  STREET	ATH BUT NO NDITION E OF INJU A.M. MC P.M. GEOF IN FACTORY, FACTORY, GO describe	FOR WHICH OPE  JRY 19 JURY (AT HOME, ARM, ETC.)	RATION W  216. HC 217. LOI 218. LOI 219. LOI 219	OW INJURY CONGESTED RELIGION CONTROL OF THE PROPERTY OF THE PR	DCCURRE  d ba  verv.  Inspection de	D (ENTER N  rbity  ale R  Undete	Inquiry	onner	Ba ond in	lto my api	YES S	Md.
	gove ricouse (a lying cause (a lying	GNIFICANT  OPERAT  AL CAUSI  ONG OCCURRE  NOT V AT WC  Offy that I the	E WAS  RAUSE OF D  ED  WHILE  Nature	DUE TO, (c) ONTRIBUTING TO DE  19b. CON 21b. TIME HOUR STREET, of the remains	OR AS A ATH BUT NO NDITION E OF INJUA.M. MC P.M. CE OF IN FACTORY, FACTORY, Accidented	FOR WHICH OPE  JRY 19 JURY (AT HOME, ARM, ETC.)	RATION W  216. HC 216. LO 216. LO 3 BODY Autopiolicide	AS PERFORM  DW INJURY CO  ngeste  CATION  216 R1  ONLY  Homicie  TITLE (SPI	DOCCURRE  d ba  verv  Inspection de	D (ENTER N  rbity  ale R  Undete	Inquiry CAL EXAM	SOWN OWSON	Ba ond in	ny api	YES 5	Md.
MEDICAL	gove ricause (a lying cause (a lying	GNIFICANT  OPERAT  AL CAUSIS  ONG C.  OCCURRE  NOT V.  AT WC.  fy that I the defram:	CONDITIONS	DUE TO,  (c)  ONTRIBUTING TO DE  19b. COP  21b. TIME HOURE STREET  21c. PLA  STREET  1 dows  Tmez R.	OR AS A  ATH BUT NO  NDITION  E OF INJUA.M. MC  P.M.  CE OF IN  FACTORY, F  Acci  CHARACTER  CE OF IN  Gescribe  Acci  Gua	FOR WHICH OPE  JRY DATH DAY YEA  JURY (AT HOME, ARM, ETC.)  d abave, held an idem (), S	RATION W  RATION W  216. HC 217. LOU 1 S  BODY Autop	ONLY Homicie TITLE (SPI	DOCCURRE  d ba  verv.  Inspection de ECIFY)  stan	D LENTER N  rbitu  ale R  Undete	Inquiry CAL EXAM	SOWN OWSON	and in ],	ny api	YES 5	Md.

38870-01 mental and a specific and a series of the series of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) LEANORA 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 24 HRS YEAR TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO V 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line tops PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D. Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. underlying couse BUSINOT REMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IFICATION** prior IL DATE OF OPERATION 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per ntol Hygiene NO YES T NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify th this haspital) attended the decease aceased alive or and that a (my) (our) opinion death occurred an the date and haur and from the causes stated we) (dight (did not) view the body after deat 226 SIGNATURE DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR MPORTANT: PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) hould be 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION LITY OR TOWN COUNTY BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. DHMH - 16 60M 7/73 (VR A 15 (4))

008330-01 24,8,20 Little des spetting the state of the state o District And Service States (1997) and the service of the service my basich file and someth said said a

28	1//		#5,6,FilmG530 4/23/79 kam STATE OF MARYLAND	
14	-10/	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05	891 7:35
0		,	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	PM
			CEASED NAME FIRST MIDDLE LAST 24. DATE KNOWN MONTH	DAY YEAR 26 HOUR
	S & S F F S	Cin	BESSIE IRENE VARINSKI DEATH MATED X 3-	23 1979
	PLEASI RECTOR R FILES HOUR	3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR IF LINDER 24 HRS 26. DATE MONTH	DAY YEAR 24 HOUR
	SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS STON STREET,	14	MONTH 13/ 13/32 YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 8-2	3 1979 F M
- 7	CESSARY, VERAL DISTRIBUTED TO THE STON TO		IRTHOLOGE (STATEOR TA CITIZEN OF WHAT COUNTRY?	
	m = 3 = 0		MARRIED PREVER MARRIED BALTO. COL	UNTY MD.
	조취 취임	10. C	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
	DELAY 3 TO TH IN PAG 105, 30	1	3+1 LEEANNE RD. HSWE	
	0 = 0 2		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	
	IF ANY IS AND 3 SHOULD IN RECORD		MD. BALTO ESSEX YES NOB 341 LEEANNE	FRO
	MD. 2 S 1, 2, PM 3, 40 2 SI VITAL	14. F	ATHER'S NAME  FIRST MIDDLE LAST FIRST MIDDLE  AND LEST MIDDLE	LAST
			WALTER THOMAS MARY KINCAID	thur .
	FTER DE FORM FORM ON OF	16a. \	NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	S S T S S		(ES. NO OBJINKNOWN) (IF YES. GIVE WAR OR DATES) 225368626 DONALD VARINSKI	ABOVE
	. 20		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	W. PRESTON ST., I D WITHIN 24 HOU ENCIL IN ITEM 18. AMINER ALONG V TRANSIT PERMIT. EMPAL HYGIENE, D REMOVAL.		PARTIDEATH WAS CAUSED BY: Gunshot in firty to head	BETWEEN ONSET AND DEATH
	STON ST HIN 24 HC IN ITEM 1 SIT PERMI HYGIENE,		1955 4 DUE TO, OR AS A CONSEQUENCE OF	
			Canditians, if any, which	
	OT W. PREST  UTED WITHIN N PENCIL IN EXAMINER P IAL-TRANSIT MENTAL HY OR REMOVA		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
	- BRXBR		lying cause last.	
	S, 301 KECUTE G" IN P AL EX. BURIAL AND MI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	IL RECORDS, 301  JULD BE EXECUTE  "PENDING" IN P  IIEF ARDICAL EX,  F HEALTH AND MI  CREMATION, OR	Z	OF THE TEAMING OF THE TEAMING OF THE TEAMING OF THE TEAM OF THE TE	
	RECORDER HEAL	MEDICAL CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	3 2 ES O G	FI	[[경우 경우 시시 [] [] [] [] [] [] [] [] [] [] [] [] []	
	OF VI	ER	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PAR	YES NO
	DIVISION OF VITAL  E. THIS CERTIFICATE SHOU  FE. WRITING THE WORD  RWARDED TO THE CHIE  STATE DEPARTMENT OF ITAL  STATE DE	N C	UNDERLYING LOR HOUR A.M. MONTH DAY YEAR	,
	/ISIO ERTIF ING T ED TG 3 SHC SEPAR	200	CONTRIBUTING CAUSE OF DEATH P.M. 19  214. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME, 211. LOCATION	
	OIVI OCE TITIN TOE E 3 E 3 E 9 PRIG	WE	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	ONTY STATE
	WAR WAS		AT WORK AT WORK	
	NER: ICATE, FOR: TOR: 5 THE S		22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my api	inian
	EXAMINER CERTIFICATI UID BE FOI DIRECTOR: WITH THE ARYLAND, 3	-	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
	XAM EERTIF LD BE WITH WITH		TITLE (SPECIFY)	-1. 1
	AL HE CHE CHE CHE CHE CHE CHE CHE CHE CHE		SIGNATURE M.D. DE SAM MEDICAL EXAMINER SIGNED	3/23/79
	MEDICA CUTE THE CUTE THE FUNER ER DEA		Land A Deliver A A Deliver A	1001
	TO MEDIC EXECUTE PAGE 4 PAGE 4 AFTER DE BALTIMOI		EXAMINER'S NAME K. S. AHLUW ALIA ADDRESS 2112 Dunkalk A	U E-2/21/22
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO EUNER DIRECTOR: BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUN COUNTY OF TOWN COUNTY	ITY STATE
	BP	,		MD.
	DHMH - 17	24. F	UNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S, SI	
	(VR A15 ME (5)) 15M7/77	1	F.G. CONNELLS 300 MACE APRA 1919	
	10/11///			

19-05891 BESSIE INEME VARIAGET FOR X S 13 79 Company to the second were the title of the same of which as a first of the same THE PROPERTY AND A PROPERTY AND A PARTY.

-	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 79-(	5892
9 7		DECEASED NAME FIRST PPE OR PRINT)  Albert	MIDDLE E.	Vaughn	March 25, 1979	YEAR 26 HOUR 4:04PM
e 4 mby	3.	SEX M	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS  NTHS DAYS HOURS MIN
death. Page uneral direct hin 72 hour	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County o	
s after de by the fur iled withi	7 10	ROSSVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET FRANK LIN	IG HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
filled in nould be f		I. STATE 13b COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW PLTP MIODLE 1	N 13d INSIDE CITY LIMITS? YES NO P	130 STREET ADDRESS SQUAN	TO CT
ampletely and 2 sh		SAMVEL	MIDDLE VAUGHN	15. MOTHER'S MAIDEN NA	WIDDLE	R T
n and co	1 16		MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 2 18 10	1203	VAUGHN 9805	
es that the death certifica ned by the attending phys please remove carbonpor urial, cremation, ar remove , ar ather traumatic event,		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE  (b) Old In:  DUE TO OR AS A CONSEQUE	Pulmonary Arrest, ferior Myocardial	Disease Infarction	BETWEEN ONSET AND DEATH
iw requires the been signed mit. Then ple prior to burion any injury, ar	NOIN		,	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED
PHYSICIAN: The langed in the sending physician. This certificate has le burdetrasis permonal Managiene par Mental Hygiene par le mil 8 shows of an Item 18 shows	2 9	OR COLUMN THIS CALLER OF DE	THE PARTY OF THE PARTY OF	21c HOW INJURY OCCUR	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, PART	
ING PHYSICIAN: The law require rateding physician. After this certificate has been sign as the buriot-transit permit. There is the buriot-transit permit. There is the and Mental Hygiene prior to be backed or them 18 shows any injury.	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND to hospital a DIRECTOR: A sacked for use Dept. af Heal if Item 21 is m			March 25 19	DEGREE ATTENDING	, to	that (h) (we) last and from the causes stated
PITAL by 1th IERAL Se detto State	-	22d. PHYSICIAN'S NAME (PYPE C	DR PRINT)	PHYSICIAN PHYSICIAN	D DIKECTOK D PHYSICIAN	13/00/11

9000 Franklin Square Drive

23c. NAME OF CEMETERY OR CREMATORY

300 mACE

23d. LOCATION CITY OF TOWN BALTO.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADD 9 1979

21237

STATE

MO

Melvin Jackson, M.D.

J.G. CONNELLY

236. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIA 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY	GIENE			
CERTIFICATE OF DEATH	REG. NO.	9 -	05	893
LAST	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR

		REGISTRAR				CERTIFIC	CATE OF	DEATH		REG. NO.	79	-0.5	893
		CEASED NAME	FIRST	1	MIDDLE	LAS	ST.		20 DATE OF		VIH DA	AY YEAR	26 HOUR
	(11FE	OK PRINT)	Kenne	th	A.	Vice			March	h 2. 1	979		11:58A.N
	3. SEX	(		4 RACE		5. DATE OF			6. AGE (IN YE	ARS LAST BIRTHDA		FUNDER I YEAR	IF UNDER 24 HRS
	Λ	1ale		Whit	te	MONTH 9	30	1919	59		YRS.	ONTHS DAYS	HOURS MIN.
		RTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	(X) NEVED	MARRIED	9 BALTIMO	RE CITY OR C		OF DEATH	
5		DUNTRY) PA		USA		WIDOWED		IVORCED [	Ва	Itimore	e Cou	inty	ME
	10 CI	TY OR TOWN OF			HOSPITAL, NURSIN	G HOME OF		TITUTION		OCCUPATION			OF BUSINESS OR
0	Mi	lford Ric	lge	3821 Was	shington	Ave.			Retir	ed - So	chool	Teach	ier
		AL RESIDENCE (IF	IURSING HOME OR		GIVE RESIDENCE BEFORE		124 INISIDE	CITY LIMITS?	13e STREET	ADDRESS.			
A		MD		imore	Milford		YES [	NXX		Washir	ngton	Ave.	
	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	WE	MIDDLE			
30		Avery		sle	Vice	ALC: US	Co	rdelia	m.	0,7000		Thomps	son
1		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT Mrs	. Lois	VECESS			
1	(,	Yes	WW		171-14-4	528	3821 W	ashingt			timor	e. MD	21207
	TION	PART I. DEATH  / 1 / 3  Conditions, if concuse to couse to stunderlying conderlying conder	I WAS CAUSE IMMEDIAT inny, which immediate ofting the use lost	DUE TO, OI	R AS A CONSEQUE	atory ENCE OF ENCE OF ENCE OF		bma of	The g		ION GIVE	N IN PART 10	The Late
2	CERTIFICATION	Fan 19	79		do myosa				200 AUTO			WERE FINDING CAUSES	
9		210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI	CAUSE OF DEA	216. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW II	VJURY OCCURE	RED (ENTERNA	TURE OF INJURY IN	ITEM 18, PAR	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCC	URRED T WHILE WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCAT STREET			CITY OR TOWN		COUNTY	STATE
		obove, (1) (wi	eosed alive on	view the body	ofter death.	/	I that in (my	) (our) opinion (	, to death accurre	d on the dote	and hour	and from the	
		22b. SIGNATURE	ms	Midal	had me	FACS	EGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	v 🗆	22c. DATE	SIGNED 13/79

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

MAR

Balt.

STATE MD

Burial 3/6/79 Woodlawn Cemetery
14 FUNERAL DIRECTO LOVING BYERS FUNERAL Directors, F.A. 178
8728 Liberty Road Randallstown, Md. 21133

Didolkar

1,	FOR STAT	re .					TMENT OF	HEALTH		MENTAL H						- 0.0	vic a
-	REG	STRAR			ME		EXAMI	NER'S	CERTIFI	ICATE O	F DEA	TH	REG.	NO 9	- 0	588	4
	YPE OR F	ED NAME	FIRST			MIDDLE			LAST		1	a. DATE OF	KNOWN ESTI-	JES .	TH DA	Y YEAR	26 HOL
			Anna		Ma				rgin				MATED	D 3/	24	19 79	
3. S	EX	4.	RACE	5. DAT	E OF BIRTH	YEAR	6. AGE (IN Y			IF UNDER		C. DATE	JCFD.	MON	TH DA	Y YEAR	2d HOU
_	ema		White	5	24	19		RS.	JA10	II.OUND		DEAD		3-	- 24	1979	P
		COUNTRY)	E OR	7b. CIT	IZEN OF W		NTRY?	8. MARR	IED X N	EVER MARRI	ED [	BALTIM	ORE CIT	Y OR COL	JNTY OF	FDEATH	
		sylva				5.A.		WIDOW		DIVORCE		Bal	Ltime	ore	Cou	nty	M
10.	CITYO	R TOWN OF	DEATH				URSING HON	E, OR OTH	IER INSTITU	UTION		AL OCCU		TYPE OF WO	RK 12b. F	KIND OF BU OR INDUST	ISINESS RY
		indall					Haven	Road	E		H	ouse	wife	e			
	JAL RE STATE		IN NURSING HOME	OR OTHER I	NSTITUTION, G		CE BEFORE ADMISS	ION)	13d. INSIDE	CITY LIMITS?	13e. STRE	ET ADDRE	SS				
M	ary	land	Bal	time	ore	Dı	undal}		YES 🗌	-476		3 De	el Ha	aven	Ro	ad	
14.	FATHE	R'S NAME FIRST	1000	MIDDLE			LAST		15. MOTH	HER'S MAIDE	N NAME	N	IDDLE	14.7		LAST	
1	Jo	hn					Kulp		Ha	annah						llia	
		DECEASED E	VER IN U.S. A	RMED FO			CIAL SECURI		17. INFOR	THAMS						Roa	
N	0					172	2-18-8	3197	Wil	llard	D.	Vir	in,	Bal		MD 2	
	18.	CAUSE OF I	DEATH (Enter o	nly one co	ouse per lin	e for (o), (i	b), ond (c).)		1	0 /	2				BE	APPROXIMAT ETWEEN ONSE	E INTERVAL
		PARTIDEAT	H WAS CAUSE	ATE CAUS	SE (0).	2.40	auror	na	6/	Col	on	5	mes	tash	eses		
	1	339			DUE TO, OF	R AS A CO	NSEQUENCE	OF	6								
			if ony, which to immediate		(b)	200					200		1702				
	1	couse (o) st lying couse	oting the <u>under</u>	r ) 1	DUE TO, OF	R AS A CO	NSEQUENCE	OF									
				(	(c)												
z		T 2 OTHER SIGNI	FICANT CONDITION	CONTRIBUT	TING TO OFATN	BUT NOT REL	LATEO TO THE TER	MINAL DISEAS	E OR CONOITI	ON GIVEN IN PAR	RT 1 (a).						5-11
CERTIFICATION	190	DATE OF O	PERATION		19h COND	ITION FOR	R WHICH OPE	RATIONW	/AS PEREO	RMFD?					20	. AUTOPSY	?
																YES 🗆	
- 2	21a	EXTERNAL	CAUSE WAS		71b. TIME O	F INJURY		171c H	OW INJUR	Y OCCURRE	D (ENTERN	ATURE OF IN	JURY IN ITEM	18 PART 1 C	R PART 2)	JE2 [	NO 🗌
		DERLYING					H DAY YEA	R		.,							
MEDICAL	21d	INHIPYOC	CURRED		P.A 71e. PLACE		Y (ATHOME,	211. LO	CATION								
WE	WI	IILE T				CTORY, FARM,			STREET			CITY OR TO	WN		COUNTY		STATE
	1												57				
		22a. I certify	that I took chai	rge of the				Autop	1	Inspection		Inquiry		ond in m	y opinion		
	de	oth resulted	from: Not	urol coy	1×1	Accident	1 1. /\$	vicide	, Hom	nicide	Undete	rmined m	onner	,			14,313
	AC	TUAL	KO	11	10	1	U		TITLE (	(SPECIFY)	~			DA	TF	2/2	4/2
-		NATURE	101	10	1	10			I.D	epoll	MEDI	CAL EXAM	MINER		SNED	1/2	7/19
1	EXA	MINER'S N		Dr.	K. S		Ahluw	alia		9112	a.	0	-01	· An	Ba	01 2	1221
-	-	E OR PRINT							ADDRESS.	2112	122110	and a		, ,,,,			1772
23a.	BURIA (SPECIF		N,REMOVAL				NAME OF CE				CITY	CATION			COUNTY		TATE
26	FLINIE	Bur:	Lal	3/2	$\frac{27}{79}$	7 (	Cedar	Hill	L Cen	neter	yBal	time	re,	Anne	Ar	unde	T, MD
14.	-NA	22 W	R Duda Lse Av	-Ku(	ADDRES	nc.	17- 24	212	222 1	250. DATE R	7 107	Q .	1405	4/1	Elve	dy	
	12	44 VV -	LOC AV	CILUE	= DU	illud.	LK, MI)	414	444	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	I IUI	3	OU 165	/			

79-05894

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	9	-	0	5	8	9	5
200	-		_				-	_

100	<b>-</b> S	OR TATE EGISTRAR			EALTH AND MENTAL HYG	REG. NO.	79-	05895	
	(TYPE OR	ANGELA	C.		YHOS 20HY	03		79 4:05P M	
		male	White		of Birth 17, 1899	6. AGE (IN YEARS LAST BIRTHD	YRS.		
1	Gr	RECE	7b. CITIZEN OF WHAT CO	WIDOWE		7 BALTIMORE CITY OR TOWSON	-34	MD.	
10	ВА	LTIMORE		HARLES S	GBMC TREET	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOUSEWII		. KIND OF BUSINESS OR DUSTRY	
5	Mar.	yland Balt	other institution, give resid ty imore 13c. CITY Ca	ence before admission) OR TOWN THEY	13d INSIDE CITY LIMITS? YES NO	2704 Proct	or Lane		
0	14 FATH	Pete	Chaco	nas	IS MOTHER'S MAIDEN NAMER FIRST  Jennie	MIDDLE		LAST	
1	léa WAS (YES,	DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-18-7132D	Mr. George	Vlakos 2704		Lane	
	9 0 0	PART I. DEATH WAS CAUSED IMMEDIATION CONDITIONS, if ony, which gove rise to immediate ouse (a), storing the inderlying couse lost.  ART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	TENDED N	NSUFFICIENCY  MYOCARDIAL  NG CORONARY  NOT RELATED TO THE TERM	INFARCTION ARTERY DI	SEASE	PART 1(o)	
7	CERTIFICATION	DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED			E FINDINGS USED CAUSES OF DEATH? NO []	
1	WEDICAL 21	O. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF DEA  IF EITHER, NOTEY MEDICAL EXAMINER)  d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  sow the deceased alive on obove, (1) (we) (did) (did not  b. SIGNATURE	P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTO	19 (Y RY, OFFICE, FARM, ETC.) (6 (6 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	211 LOCATION  211 LOCATION  STREET  33/26  19.79  and that in (my) (our) apinion of the physician physician	city of town  , to 037  death accurred on the date	26, 19 7	UNTY STATE  19 , that (I) (we) last	
1	22	DR. L. ALB	JERNE		22e. ADDRESS	ALTIMORE ME		CENTER	
	23a BUR (SPEC	Burial	3-29-1979		EMETERY OR CREMATORY  Corthodox	23d LOCATION CITY OR TOWN Balti	COUNT		

BP

TO FUNERAL DIRECTOR:

should be detached for use as the burial transit permit. Then please remove corbonapage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shows any

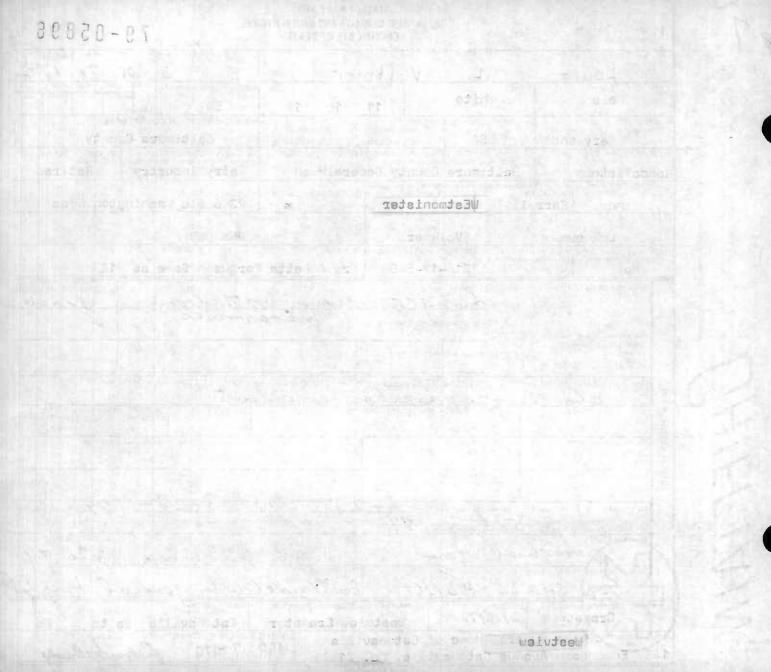
DHMH-16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The

14 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Rd. Balto; Md.

MAR 27 1979

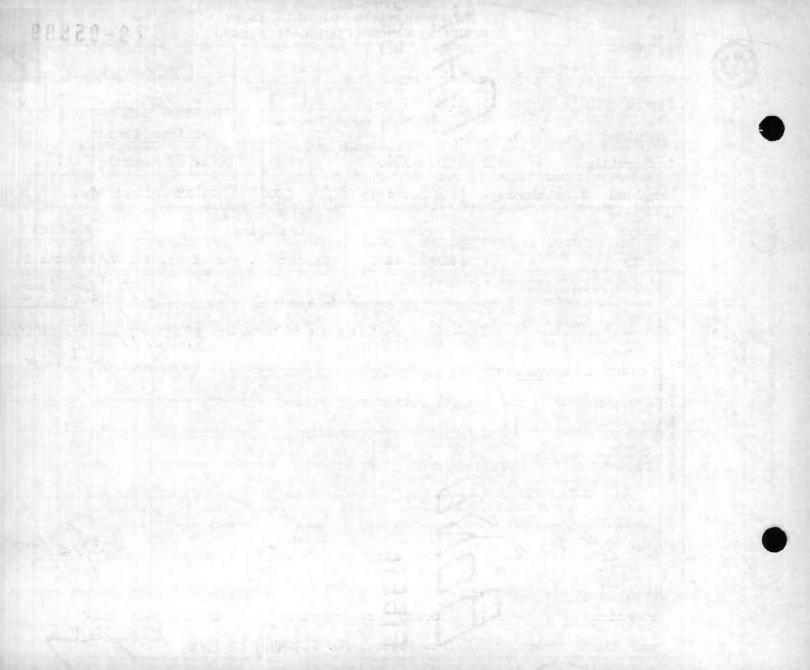
79-05895			
- <u></u>	VL/1) . E	.0,	4.135.1X
	GUL, VI Jess	5146	olees?
M.35.43T		96 <b>0</b> 915	- Possonia
	-g-, -3 -:	* 01 H. SHELP	STATINGES
2704 rooter tare		mare) creat	status baktyrik
	algeria de	encount	
Sens to room AUTS sould?	render .mt (196.	(V-81-4SE	
	Y0 18 10 15 8 0 1 0	0.1000	
Mairon Ail	Telastonia.	3 4 10 T X 2	
VELLESA PIETET	YTA STROS SHIPM	Temple	
;	7.3	27 25/30	
	ALE CAR		
LTH O E LETTOTE OF TE	ASI, 8871840		. L. ALW



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DATE KNOWN TO MONTH OF ESTI-(TYPE OR PRINT) & AGE (IN YEARS IE UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD White 5/15/1915 63 YRS Male 9. BALTIMORE CITY OR COUNTY OF DEATH N OF WHAT COUNTRY? MARRIED TO NEVER MARRIED FOREIGN COUNTRY) New York 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Civil Engineer-P.J. Flanigan 8308 Tinsley Road Rockdale 21207 Sons 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY 8308 Tinsley Road 21207 Rockdale NOXX Marulana 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marie Gumbman Charles William Voran Rose 166 SOCIAL SECURITY NO Mrs. Irene Varan (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES 8308 Tinsley Road Balto. Md. 125-03-6359 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES | NO 🗌 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE and in my opinion 22a. I certify that I taak charge of the remains described above, held on Autopsy PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 DIRECTOR: Undetermined monner MEDICAL EXAMINER EXAMINER'S NAME 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3/7/79 Woodlawn Cemetery Woodlawn BP 24 FUNERAL DIRECTO Loring Byers Funeral Directors, P.A. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5) 8728 Liberty Road Randallstown, Md. 21133 15M 7/76

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	OR HATE			DEPARTMENT OF			PATH	70-	0589
1	. DEC	EASED NAME OR PRINT)			WIDDLE	LAST		20. DATE KNOW OF ESTI-		DAY YEAR
1	770		Catha		G.		ker	DEATH MATE	Allarch	-139/1
P	SEX		1. RACE	S DATE OF BIRTH	6. AGE (IN Y			PRONOUNCED	n	100 TONK
		male	White	May 15,		YRS.		DEAD	12xch	0 19//
20		THPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED [	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH
20		arylan		U.S.A		WIDOWED XX			ore Coun	
AA		Y OR TOWN		11. NAME OF HOSE	PITAL, NURSING HOME STREET ADDRESS BELLONA AVE	AE, OR OTHER INSTI	TUTION 120	USUAL OCCUPATION FOR MOST OF WORKING LIES OWNER OF	TYPE OF WORK	OR INDUSTR
40		thervi.						Owner or	FIGORING	g co.
				e or other institution, Giv INTY. L'CIMORE	13c. CITY OR TOWN Luthervi		E CID CHATS 13e	STREET, ADDRESS	Dellers :	7
20	Ma	ryland	Bal	timore	Lutnervi	TITE YES	NO	STREET ADDRESS I	Bellona I	Ave.
no	14. FA	THER'S NAME		MIDDLE	LAST	15. MO1	HER'S MAIDEN N	AME		LAST
674	J	oseph			Pitche		Cathari	.ne		Chambe
1	60. W	AS DECEASES	EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURI		RMANT		RESS	
/		NO			218-32-1	141 Ke	nneth J.	MacFa <b>d</b> yen	, 303 E.	Fayett
MATION, OR REMOVAL.	NOI	Candition gave ris cause (a) lying cau	s, if any, whice to immedia stating the <u>underselast</u> .	ATE CAUSE (a)  DUE TO, DE  th  te  (b)	AS A CONSEQUENCE	Dr wi	TIDN GIVEN IN PART I	the Marco	es!	APPROXIMATE PETIVEEN ONS TO
CR. CR	FICAT	190. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION WAS PERF	ORMED?			20. AUTOPSY?
BURIA	CERTI	210. EXTERNA	L CAUSE WAS	21b. TIME OF		21c HOW INJU	RY OCCURRED IS	NTER NATURE OF INJURY IN IT	EM 18 PART 1 OR BART	YES 🗆
90	CAL		IG CAUSE O	F DEATH P.M.			N. Occonned (	NIEKIACIONE OF HOOKI HATI	EM TOT ANT TON TAKE	
201 PRIOR IO	No.	CONTRIBUTION	IG CAUSE O	F DEATH P.M.		21f. LOCATION STREET		CITY OR TOWN	COUNT	īY
MANGRE, MAHYLAND, 21201 PRIOR JO		CONTRIBUTII 21d. INJURY C WHILE AT WORK  22a. I certii	CCURRED  NOT WHILE  AT WORK  y that I taak cha	F DEATH P.M. 21e PLACE C STREET, FACT	DF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	Inspection Commicide Committee Commi			
ILLUMORE, MARYLAND, 21201 PRIOR LO		CONTRIBUTION 21d. INJURY C WHILE AT WORK  22a. I certic death and the ACTUAL SIGNATURE EXAMINER 5	CCURRED  NOT WHILE  AT WORK  y that I taak cha	F DEATH P.M.  21e PLACE C STREET, FACT  rige of the remains dess pural causes	DF INJURY (AT HOME, ORY, FARM, ETC.)  CONSTRUCTION OF CONTROL OR STATEMENT S	Autopsy , Ha	Inspection I	Inquiry ,	and in my apin  DATE  DATE  COMM	3/13/



MPORTANT: If Item 21 is marked or Item 18 shows any

## STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 5 0 0 0

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0 19-1	0 3 3 0 0
1. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH		YEAR 26. HOUR
Beatrice		Wal	ace		3 11	79 745A
3 SEX	4 RACE	5. DATE OF I	DAY YEAR	6. AGE IN YEARS LAST BIRT	THDAY] IF UNDER	OAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O		ATH N
Battimore		TREET ADDRESSI	other institution	120 USUAL OCCUPATI		KIND OF BUSINESS C USTRY
USUAL RESIDENCE (IF NURSING HOME OF	VTY 13c. CITY OR	mare 13	d. INSIDE CITY LIMITS	2503 Syc	camore	Avo
Charles	Facey		Rosa Rosa	MIODLE	Robin	son
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		Kenneth W	ADDRE		ore Ave.
Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI	EOUENCE OF	DT RELATED TO THE TE	mairlus eminal disease or con	DITION GIVEN IN P	ART 1(a)
NOTE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	TICH OPERATION \	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	To HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR P	ART 2]
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		IF LOCATION STREET	CITY OR TOV	VN COUN	NTY STATE
220   Certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	of view the body after death.	9, and 1	that in (my) (aur) opini GREE ATTENDING PHYSICIAN 2e ADDRESS		22c	that (I) (we) I om the causes stated  DATE SIGNED
JAE M	PARK.	mo	Springe	Trove Hes	p. Cfr.	
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	3/15/79	23c NAME OF CEM	ETERY OR CREMATOR	CITY OR TOWN	COUNTY	state

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

1101 E. North Ave. Wm. C. March F/H

injury, ar other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or

IMPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-05901

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND I	NENTAL HYGII	<b>ENE</b> REG.	79-	0590	11	
		CEASED NAME OR PRINT) MY	s. Lillian	MIDDLE E. Ward	L	AST		20. DATE OF DEATH	MONTH D	YEAR	26. HOU!	
	3. SE>	Female	4 RACE Whit	2	5 DATE O		84	6. AGE (IN YEARS LAST	YRS	IF UNDER 1 YEAR	IF UNDER	
5	CC	RTHPLACE ISTATE OR FOR Mary Land	US.A.	WHAT COUNTRY?	WIDOWE		ORCED OF		ore Cou	inty		MD.
)	Ва	TY OR TOWN OF DEAT	y Fred	HOSPITAL, NURSIN CHEACILITY, GIVE STREET PRICK VIL	la Nui	rsing C		120 USUAL OCCUP. (TYPE OF WORK FOR MO) Housewi	ATION TOF WORKING LIFE fe	12b KIND OF INDUSTRY	BUSINE	SSOR
7	13a S Ma	ary land	g home or other institution 3b COUNTY Baltimore	130 CITY OR TOWN	ADMISSION)	13d INSIDE C	NO TO	13e. STREET ADDRES 902 Du	laney V	alley (	7t. 2	21204
2			n Smith	LAST				Ripely		LAST		
	160 W	VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) None	220-46-8				harles 60 . 21204	wiss Jr.	1000 Ec	Ra	
ATION	CERTIFICATION	Canditians, if any, gove rise to imme cause (a), stating underlying cause	FICANT CONDITIONS C	PRAS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E  STATE OF WHICH	EATH BUT	DUS	eige	NAL DISEASE OR CO	7 per	WERE FINDIN	GS USED	
	MEDICAL CERTIF	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEATH HOUR A EXAMINER) P  21e PLACE	.M. MONTH DA .M. OF INJURY	19	211 LOCATIO	Bib	YES NO	YES	RT 1 OR PART 2)	NO [	]
MEDIC	N	WHILE AT WORK   NOT WORK   NOT WORK   NOT WORK   NOT WORK   NOT WO										
		J. J.  IURIAL, CREMATION, RI  PECIFY  PUTTAL	HUJ EMOVAL 236. DATE	20/55		S 4	000	23d. LOCATION FITO OF TOWN	lstown,	211°	MATA	TE
	24 FL		ing Byers F	uneral Di Ulstown,	recto	01ive rs, P.1	Tem Page DATE MAR	REC'D BY REGISTR		ARS SHEET	resoly	

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

mire won 16, last 55

. 30 . 21 L = 1 . ter 1 tc. 00.

SING

2			STATE OF MARYLAND
		1-	FOR STATE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  TO STATE OF DEAT
V			REG. NO.
41 m £	7.1	I. DEC	CEASED NAME FIRST MIDOLE LAST, 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oy be	50.3		MAKY ELIZABETH WEBB 3-25-79 /7
4 moy	1	3. SE)	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN.
Page 4 mo	1		TEMPLE CAUCASION 2-14-1881 98 YRS.
Tro d	35	70. 81	RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
dec dec	04	W	ODSTOCKMON U, S.H. WIDOWED DIVORCED   TOWSON, Md: MD.
offer d with	notified	-	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
201 urs of tiled	D -		WSON Md. STELLA MARIS HOSPICE DRESSMAKER
ND 212 24 hou illed in vuld be	ost p	13a S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  136 COUNTY  137 CITY OR TOWN  138 INSIDE CITY LIMITS?  130 STREET ADDRESS
YLAND 2 ithin 24 h	E .	14 54	THER'S NAME  SALITMORE YES & NO BOOK NO HAWK, HVE.  THER'S NAME  15. MOTHER'S MAIDEN NAME
MARYLA ed within mpletely f	20	IN FA	EIRCY MAINTIE LACY
complete of the complete of th	exo	140 7	TEORGE W. WEBB ELIZABETH PEACH  VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT  ADDRESS  ADDRESS
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of ysicion and completely filled in by apers. Pages 1 and 2 should be file wol.	medica		ES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES)
LTIM con con con	0	_	NO 215-61-66457A STELLA MARIS HOSPICE
BALTI., BALTI.	ent,		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) ACUTE MYC CAR PIAL INFARCTION  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MAN EDIATE CAUSE (a) ACUTE MYC CAR PIAL INFARCTION
W. PRESTON ST., st the death certific ty the attending phe cremate carbonp	C ev		IMMEDIATE CAUSE (0) TOUTE TY COMPRISHED LIVE TREGION
oth oth on, or	mo		4/0 — DUE TO, OR AS A CONSEQUENCE OF
e deot mave e nation.	100		Conditions, if only, which gove rise to immediate
	othe		couse (a), stating the underlying cause lost.
2 % S	0	- 3	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	ular	Z	TAKE 2. STILL SIGNAL CONDITIONS CONTRIBUTING TO BEATT BUT NOT RECALL TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1107
beer mit.	ou /	ATI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
ALRE lo on. hos r per ene p	Swows	CERTIFICATION	IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
IAN: The physicie of Hygical of H		CER	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ON OF VII	Hem 7	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
PHYS ending this of the burner	6	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
IVISION Offer the rection of the rec	orked	N	WHILE NOT WHILE AT WORK AT WORK STREET, PACTORT, OFFICE, PARM, ETC.)
Se S	S S		20.1 certify that (I) (this hospital) attended the deceased from 1-15, 19-71, to 3-25, 19-74, that (I) (we) lost saw the deceased alive on 3-25 19-79 and that is (my) (nu) analysis death accurated as the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and have add from the same of the data and
RECTOR Red for u			sow the deceased olive on 3-23-19-79, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
OR ho	den	113	226. SIGNATURE SPORTS DEGREE 22c. DATE SIGNED
PITAL O by the ERAL D Stote D	7	- 1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECT
HOSPII ined by FUNER vuld be	X /		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined by the With the Store I with the Store I was provent; it is a sore I was provent;	0		DR. E.LIEE ROBBINS 1205 YORK PLACE
40//		23a. 8	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE
to t/ BP	-	_	SURIAL MAR 28/978 LOUDON PK Cem. BAITHORE Md.
DHMH - 16 50M 7/77 (VR A 15 (4))		24 FU	INERAL DIRECTOR NAME  Appress
(40.0 (9(4))		17	Tibell-Wiedeteld Horse 6500 YORKRHMAR 2 9 1979 Tistay McChang

19-05:03 MARKY ERWARD WERE The second of th BELLEVIEW THE EXPLOYED AND STREET THE STREET THE ROLL OF THE PARTY OF THE PA Grance W. Santagara Series and M. Santagara The Third Consequent of the State of the Mitchell-Wiedeleld H. .. .

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-05904 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 2h. HOUR TYPE OR PRINT 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS 26 YEAR DAYS **HOURS** Female White 80 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED [ 10 CITY OR TOWNOF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Towson Housewife Iomemaking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE filled ovld b 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Varyland ssex Weber Avenue NOKK 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST George Porter Josephine Mvers ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No Daniel W. Hubers 1520 01d Eastern APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line fax (a)/ (b), and (c). PART I. DEATH WAS CAUSED BY auther aghe IMMEDIATE CAUSE 0 QR AS, A CONSEQUENCE OF A CONSEQUENCE OF LE Cender lacular ducu intion, Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 0 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? he burial-transit pend and Mental Hygiene NO YES T NO I 21a. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 60 PM MEDIC/ ă 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETGA CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from\_ DIRECTOR: More sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (wet (did) (did not) view the body after death be detached f e State Dept. c 22b. SIGNATURE DEGREE 22c. DATE SIGNED 140 PHYSICIAN DIRECTOR FUNERAL I DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNT BP Burial Parkwood Cemetery Md. Parkville Balto 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4)) Lassahn Funeral Home 7401 Belair Road

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	
CEASED NAME	FIRST	MIDDLE	LAST	20

1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO	7 9	- 05	905
	CEASED NAME FIRST	M	IDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR a
	01ga	Vic	ctoria	WI	EBER		3 28	79	9;15 am
3. SE		RACE		5 DATE C		& AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White		Sept	. 21°, 1922°	56	YRS.	VIIIS	MIN MIN
C	DUNTRY)		HAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	Penna.	USA		WIDOWE	D DIVORCED		nore Co	unty	MD.
Ro	ssville 21237	ranklin	Square	Hospi	tal	120 USUAL OCCUPATION OF WORK FOR MOST OF Salesperso		IZE KIND COINDUSTRY Shoe	Store
13a S	ALRESIDENCE (IF NURSING HOME OR COTATE 136 COUNT Aryland Balti	Y 1	GIVE RESIDENCE BEFOR 131. CITY OR TOV Essex 2	VN	13d INSIDE CITY LIMITS? YES NO 🛣	349 Nichol	son Roa	d 212	21
14. FA	THER'S NAME PIRST Nicklas	DDLE P	rebish		15. MOTHER'S MAIDEN NAM	MIDDLE	ziol	LAS	51
	VAS DECEASED EVER IN U.S. ARM	110 00 0 1 TEC	166 SOCIAL SEC		17 INFORMANT	ADDRE			
	No -		218 18 3	3546	Arnold J. We	eber, husba	nd S	ame	COLUMN TO STATE OF
ION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR (b)  DUE TO, OR (c)	AS A CONSEOU  AS A CONSEOU  NTRIBUTING TO	JENCE OF		nal disease or coni	DITION GIVEN	IN PART 14	a I
CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN		
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  AT WORK NOTIFY WHILE AT WORK	P.M	I. MONTH D	PAY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJUR		OR PART 2)	STATE
	22a.l certify that (I) (this haspite sow the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	3/	28/ 19		1/18/, 19_79 Id that in (my) (our) opinion d	to 3/28, leath accurred on the do	te and hour a		
	M. K	ha	V -		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC			28/79
	22d. PHYSICIAN'S NAME (TYPE OR )	PRINT			22e ADDRESS				
	M. Khan, M.D.				9000 Frank	lin Square	Drive		-0-1
230. 8	Burial  Burial	3-31-7			n Cemetery	23d. LOCATION CITY OR TOWN Baltimore	County	, Mar	yland

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

with the State Urgit, our recurrences. 2

24. FUNER DIRECTOR

PA DE LOS DIRECTOR DE LA PROPERTO DEL PROPERTO DE LA PROPERTO DEL PROPERTO DE LA PROPERTO DEL PROP

beatyrist stands eroidfall

ge are e.

		35	CRAIT , III	J 190-1	11:10		Topas S
			×				Fenna.
21015	0017303	B12.0	. In	4. 50 0 -1	a al Diana	22211	nijiyaso
Food SIRE	nex Feda E	CHE		LSE Ke	and Pron	, 1	Ne Ave ell
	101701	-	lin (3)	deb	-	220	i.c
and2	barrings	,	• ,	THE SHOP	ALD.		0

Provided the Company of Community of Communi

William E. Johnson 8521 Loch Raven Blvd

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VRA 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-05908

IF UNDER 1 YEAR

INDUSTRY

Mitchel

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S. MAJURE MAR 2 2 1979

COUNTY

22c. DATE SIGNED

stru Malready

STATE

IF UNDER 24 HRS

126. KIND OF BUSINESS

Umbrella

REG. NO

79-05908			
ele en estados			
	22, 1898, 20	te erini	90 10
. D. C. of emple		.4.4.4	tops yes
nespeed [needer	eet Legant Legens	a .ou icomidian	mvoz estambarou
I de uma chi moreey à	171	Areas eromitie	i brainean
	prima Lorento .		V/ZITO II
Listric season arone	of .A. freezes	d88-10-013	0.1
De la	to the second		
	A CONTRACTOR OF THE PARTY OF TH		
here is			
The state of the s			

AODRESS

lliam E. Johnson 8521 Loch Raven Bd

MAR

**DHMH-16 20M** 

(VRA 15, 4) 7/7B

26. HOUR

HOURS

23 month

NO I

22c DATE SIGNED

STATE

STATE

QAYS

9:00

IF UNGER 24 HRS

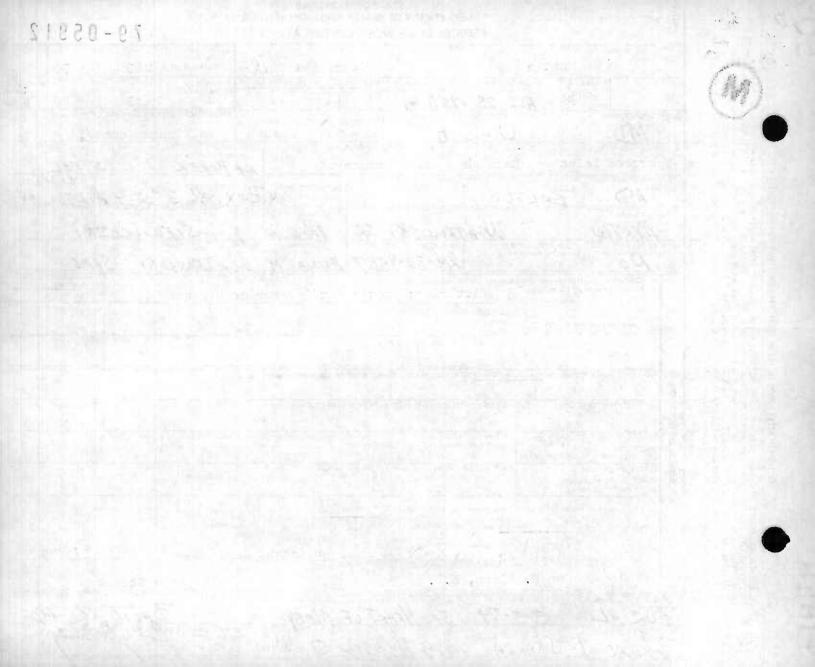
A property to the second section of the sec

and the second s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH DECEASED NAME TYPE OR PRINT 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH ONTHS DAYS Male White 1923 pr. 27 To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED TO NEVER MARRIED hanuland Baltimore WIDOWED DIVORCED T D CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR ( THPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore (ity Hosp. arpenter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? timore 126 W. Ostend St. Balto Md aruland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME John Whitney atherine 1 evis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IND OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-16-9344 Whitney. Same as above es APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 10), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 9n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19/ 21d INJURY OCCURRED 21e, PLACE OF INJURY 114 OCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from, 1079 sow the deceased olive on. and that in (my (our) opinion death occurred on the date and hour and from the causes stated obove, (IN we) did (did not) view the body ofter death. 226. SIGNATURE DEGREE 27r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME [TYPE OR PRINT] 22e ADDRESS 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL land STATE Burial DHMH - 16 50M 1/76 of ully Funeral Home. 130 E. Fort Ave. Balto. Md. (VR A 15 (4))

and the contract of the contra

				STATE OF MAKYLAND		
		FOR STATE	DEPARTMENT	OF HEALTH AND MENTAL HYG	IENE	05010
		REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE OF D	EATH REG. NO. 9	- 05912
SCP-		CEASED NAME FIRST	MIDDLE	<b>LAST</b>	20. DATE KNOWN A MONTH	DAY YEAR 2b. HOUR
	(TYP	e OR PRINT) Mar	tin	Winhmannini TP	OF ESTI-	1 70
				Wiatrowski JK	DEATH MATED X 3	1 19 79 M
1	3. SEX			E (IN YEARS IF UNDER TYR. IF UNDER 24 H	INO. Z. DATE	DAY YEAR 14 HOUR 12:20
	Ma	le White	AUG. 25, 1937 4	YRS.	DEAD 3	1 1979 AM
2 0	7a. B1	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUN	TY OF DEATH
1	FO	REIGN COUNTRY)	11 S A	MARRIED NEVER MARRIED		an tour
~	10 01	(1).	0.3.11.		Baltimore Cou	
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IENOT IN SUCH FACILITY, GIVE STREET AD		FOR MOST OF WORKING LIFE)	OR INDUSTRY
-	S	parrows Point	Bethlehem Stee	1 Company	LABORER	STEEL
			E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	61	,11219
25	13a. S		INTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS? 13	STREET ADDRESS	11: AND
1			AL70.		104 006 3 31.1	MINIONITE
. 7	14. FA	THER'S NAME	MIDDLE 1 LAST	15. MOTHER'S MAIDEN N.	MIDDLE	LAST
50	)	MARTIN	WIATROWS	KI SR. FRANCES	SIEWIER	25/1
1		VAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT		
-	(Y)	ES. NO., OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	-8587 Durin 11.	WATROWSKI .	SIME
		700	14104	030 / WANTE 14.	WITT REVOSITI	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter PART   DEATH WAS CAUS	only one couse per line for (o), (b), and			BETWEEN ONSET AND DEATH
			IATE CAUSE (o) AFTERIOSC	lerotic Cardiovascul	ar Disease	
į		4272	DUE TO, OR AS A CONSEQU	ENCE OF		- TO STATE OF THE PARTY OF THE
NEW CV		Conditions, if ony, whi				
		gove rise to immedia couse (o) stoting the unde		ENCE OF		
		lying couse lost.	BOE TO, OK AS A CONSEGO	ENCE OF		
			(c)			
		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e	a).	
	N N	0.98-999E-901				
1	A	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
1	F					YES NO
7	CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	214 HOW IN HIRY OCCURPED 45	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
5		UNDERLYING OR	HOUR A.M. MONTH DAY		The second secon	
-	CA	CONTRIBUTING CAUSE C		19		
	MEDICAL	21d. INJURY OCCURRED	STREET, FACTORY, FARM, ETC.)	OME. 21f. LOCATION STREET	CITY OR TOWN CO	OUNTY STATE
	×	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	SIRECT	CHIONIOWIN	JOHN
		AT WORK				
		22a. I certify that I took cho	orge of the remoins described obove, he	ld on Autopsy . Inspection .	Inquiry LI, ond in my o	pinion
		death resulted from: No	turol couses Accident .	Suicide . Homicide . U	Indetermined monner .	
	1		1.	TITLE (SPECIFY)		
		ACTUAL A	MANA	M.D. Assistant	DATE	
2	1	SIGNATURE	IVVI V	M.D. MISSISCAIL	MEDICAL EXAMINER SIGN	ED 2/1/7
col	1	EXAMINER'S NAME AND	M. Dixon, M.D.		111 Donn Char	
1000		(TYPE OR PRINT)	Dixon, H.D.	ADDRESS	111 Penn Stre	ес
	23a.B	URIAL, CREMATION, REMOVA	L 23b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	3d. LOCATION CITY OR TOWN	CHAPT CHAPTE
	17	Rupial	3-5-79 Can.	FERET OF MARK	DALIC	0.00 MD.
	24. F	UNERAL DIRECTOR	o o i one	25 DATE REC'	D. BY REGISTRAR 136 BAS RAR'S	KINATURE .
5))	-	THY and T	CKARA ADDRESS A DAG	MUDERIL ST. MAR	7 1979   perfory	noorway
76	1	HOMAS J'C	MHKUH LOLY	A 10000 011 111111	1010	



STATE OF MARYLAND

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

Home Inc

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Balto.Md.21236

REG. NO

2h HOUR

HOURS

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

6

IF UNDER 1 YEAR

INDUSTRY

Home

same as

COUNTY

COUNTY

STATE

STATE

Pa.

LAST

DAYS

			500			OF MARYLAND				
		1-	FOR STATE REGISTRAR	DEF		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	79.	-059	315
	nay be poge 3		CEASED NAME MARE	Y E	w	ills.		SS/SS	/79 S	1.50 C
	ge 4 r	3. SE	Female !	Caucasian	5 DATE OF	BIRTH DAY YES	6 AGE (IN YEARS LAST BIRTH	HDAY] IF UNI		UNDER 24 HRS
	th. Poor	7a. B)	RTHPLACE (STATE OR FOREIGN 7	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY OF		-	- MI
0	s after dea by the fune filed within hotified of	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SOTIME 97	E STREET ADDRESS)	osh. Cente	120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF "Live-in COI	WORKING LIFE) IN	Ib. KIND OF B NOUSTRY DOME	BUSINESS OF estic
4ND 212	filled in ould be it must be	13a. S	AL RESIDENCE (IF NURSING HOME OR COTATE 13b COUNT	OTHER INSTITUTION, GIVE RESIDENCE TY 138. CITY OF	R TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 607 Chape:	lgate La	ne	
MARYL	impletely and 2 sh	14 FA	THER'S NAME FIRST M  James	DDLE Will	17	15. MOTHER'S MAIDEN NA. FIRST Mary	WE	Ede	elen LAST	
IMORE,	e execut ond co Pages 1		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	1 SECURITY NO. 14-0529	17. INFORMANT	ADDRE	55		
T., BALT	physiciar onpapers: emaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	b, and ich	dial Inla	TCION.		APPROXIMAT BETWEEN ONS	TE INTERVAL SET AND DEATH
ESTONS	e death cer attending mave carbo nation, ar re traumatic é		410 - Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	dial yac	chomia.			
W. PR	hat the by the ase rema l, crema ather tr		gove rise to immediate couse IoI, stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF	tivo hort	lai lura.			
RDS, 20	equires n signe Then pl to buri	No	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT P	NOT RELATED TO THE TERM	NAL DISEASE OR COND	ITION GIVEN IN	PART 1(o)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The law reician. The has been sat permit. Giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	CAUSES OF	
OF VIT	G PHYSICIAN: The attending physicia per this certificate he she burial-transit in and Mental Hygies hed or fem 18 shown		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	OR PART 2)	
NISION	offending ter this c s the bur and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N CC	OUNTY	STATE
	TTENDIN pital ar TOR: Af for use a af Health		220.1 certify that (I) (this hospital saw the deceased alive on above	3/5	from 1/26	that in (my) (our) opinion	death occurred on the do	te ond hour and	from the cou	st (1) (we) los uses stoted
	SPITAL OR ATTE d by the hospire NERAL DIRECTO be detroched for the Stote Dept. of F STANT: If hem 21		27% SIGNATURE	t das		ATTENDING PHYSICIAN	MEDICAL STAF	F	3/22 3/22	
	D H H H H		22d PHYSICIAN'S NAME (TYPE OR	PRINT)  120 T PS	S	Shring C	Trova do	spital	Con	ter.
	De Orange	23a. E	DURIAL, CREMATION, REMOVAL REMOVAL	3/23/79	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	ITY	STATE
	DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU	INERAL DIRECTOR Anatomy Board		io., Md.	250. DAT	AR 29 1979	256. REGINAR'S	S SIGNATUR	reade
		-					107 11			

BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

	FOR 1 - STATE REGISTRAR	116	in, )	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	79-0	159	16
	DECEASED NAME	Heler		WIGOTE		lson	20. DATE OF DEATH  March 3	MONTH DAY	YEAR	26 HOUR 1816 M
3.	SEX Female		RACE Whit	e	5. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS HOURS MIN
35 M	BIRTHPLACE (STATE OR COUNTRY) Maryland		U. S		WIDOWE		Baltimore city of Baltimor	e Coun	ty	MD
58	Towson		St. 3	Toseph H	ospi	rother institution tal	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEM	F WORKING LIFE)	2b. KIND OI NDUSTRY Own	Home
35 13	SOUAL RESIDENCE (IF NU 30. STATE Maryland	136 COUNTY	imore	131. CITY OR TOWN TOWSON	ADMISSION]	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 8434 C.	Charles	Valle	y Ct.
32	Wasel	MIDI	DLE	Gochko		15. MOTHER'S MAIDEN NA/ FIRST Titanya	MIODLE		mousa	rouk
1 16	WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME		215-09-4		Thomas Wils	son, 420 W.2		New	York
NOR		nmediote ing the se lost GNIFICANT COI	( (c) NDITIONS <u>C</u>	R AS A CONSEQUE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I		
-	210. ACCIDENT WAS U	NDERLYING	21b. TIME C HOUR A.			21c. HOW INJURY OCCURR	YES NOTE	IN CERTIFYING	G CAUSES	
1	21d INJURY OCCU	RRED WHILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.]	21f LOCATION STREET	CITY OR TO		COUNTY	STATE
1	220.1 certify her become bown 1 her become 22b. SIGN 9 URE	he (	1)	e deceosed from 19.7 ofter death.	Mar 9m or	d that in X/ (our) opinion of the transfer of	MEDICAL STA	FF	79 d from the c 22c. DATE:	that xx (we) lost couses stated SIGNED
	30. BURIAL, CREMATION (SPECIFY)  Burial 4 FUNERAL DIRECTOR	I, REMOVAL	23b. DATE 4-2-			Valley Memor:	23d. LOCATION CITY OR TOWN	eysville		
	Ruck Towson	Funeral	L_Home	ADDRESS	wson,		PR 4 1070	Pint	new Sugar	1

Const No decate		
	Tone ano.	
victor combist		
	Et. Joseph Gospital	Toward
GIBS SEED TO SEE THE IT		
u o room - averte		Lanny
of and the nest of the most in an		
- W. 7. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	1/23/1	
	March 10 Merch 16	

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-JOHN DEATH MATED VICTOR WOYTOWITZ 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS 3 SEX 4 RACE DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED DEAD Male White Feb 28,1958 19 79 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland DIVORCED WIDOWED Baltimore County AGE 5 FILED, 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE)
Student (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3. RETAIN PA SHOULD BE F Towson In woods of Towson State Ihiv. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 100. STREET ADDRESS Road 13b. COUNTY Baltimore WITH FORM PM 3.
T. PAGES 1 AND 2 SH 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Delia Smith Woytowitz Joseph Balto. 21212 ADDRESS 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-66-6075 Josephwoytowitz 7113 York Rd. Balto 121 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) **BETWEEN ONSET AND DEATH** PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last USED AS A BURIA
OF HEALTH AND A PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, OF YES NO T 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 6 1979 Hanged self 21e. PLACE OF INJURY (AT HOME, 71d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK STATE ( in woods Balto. MD Towson and in my opinion 22a. I certify that I taak charge af the remains described above, held on Autopsy X EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAN Homicide Undetermined monner Accident TITLE (SPECIFY) 3/7/79 M.D. Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn St. Balto., MD (TYPE OR PRINT) 73c NAME OF CEMETERY OR CREMATORY 73g BURIAL CREMATION REMOVAL 23b. DATE STATE Baltimore, Md. March 9,1979 Sacred Heart of Jesus Burial 24. FUNERAL DIRECTOR Eugenia K. Seitz 250. DATE REC'D. BY REGISTRAR 256. REGISTAR'S SIGNATURE **DHMH** - 17 2303 Pentland Drive Baltimore, Md. 21234 (VR A15 ME (5)) 15M 7/76

State Track Free MILES LOUSEN town begreatty 1113 Year Nd. Lette 122 and a sinogu

SOCIONATION DESCRIPTION OF STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN TO OF ESTI-DEATH MATED JE UNDER 1 YR IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 18 White 61 YRS Male BAHTIMORE CITY OR COUNTY OF DEATH Ta BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED USA New Jersey OR INE TRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND ( Woodlawn 955 St. Agnes Lane Comotroller Sea Food BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a STATE 955 St. Agnes Lane NO W Md Baltimore Woodlawn OF-VITAL 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE LAST FIRST Wright Ada Warburton Clarence 17. INFORMANT Mas DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 401 Montrose Ave DIVISION (YES, NO, OR UNKNOWN) William C. King Baltimore, Md. 21228 Yes WW2 569-18-9785 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candifians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES NO 1 E 3 SHOULD BE E DEPARTMENT ( PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHALTIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Undetermined manner ACTUAL SIGNATURE. 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Entombment Balto Md Lorraine Mausoleum Im Uood Lawn 250. DATE REC'D. BY REGISTRAR BP. 75b. REGISTRAR'S SIGNATUR Witzke Funeral, Home of Catonsville DHMH - 17 (VR A15 ME (5)) 1630 Edmondson Ave Catossville. Md. 21228 15M7/76

Supplied of once.

injury, or other troumotic event, the

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	0	_	n	5	9	2	n
1	J	_	U	J	J	6	U

	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	7 0	-05920
١	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. J	YEAR 2b. HOUR
1	(TYPE OR PRINT) FRANK	PATRICE	K WYATT	MARCH 17.19789	6:00A
'n	3. SEX	4 RACE	5 DATE OF BIRTH MONTH GAY YEAR		UNDER I YEAR IF UNDER 24 HRS
	MALE	WHITE	NOV. 17,1885	93 YRS.	
0	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
5	MARYLAND	USA	WIDOWED DIVORCED	BALTIMORE	COUNTY MD.
7	10 CITY OR TOWN OF DEATH  TOWSON	(IF NOT IN SUCH FACILITY, GIVE STE ST. JOSEP	H HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PAPER HANGER	12b. KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN BALT		OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 903 WOODSON RD.	
0	14 FATHER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN NA FIRST  ANNIE DO	MESON MIDDLE	LAST
	16a WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	ECURITY NO. 17. INFORMANT	ADDRESS	
	NO NO		-1120 A MRS. REGINA	L. WARDELL SAM	E
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEC			IN PART 1(a)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 21f. LOCATION	YES NO YES YES RED (ENTER NATURE OF INJURY IN ITEM 18, PART	
9		tal) attended the deceased from MARCH 17	9. $79$ , and that in (m) (aur) opinion	death occurred on the date and hour o	
	22b. SIGNATURE	Atany	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
	DR. VINCE	VT NOTORANGE	LO 7620 York	Road, Towson, MD 2	21204
The second	230. BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE MAR 20,1979	PARKWOOD	PARKVILLE, BALT	CO. CO., MD.

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

retained by the haspital or attending physician

should be detached for use as the burral-tronsit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burral, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony

24 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC. BALTO., MD. ADDRESS 500 YORK RD. MAR 22 1979

	-07			
10:3	MARGE 10.1, SPRAM	TYANT	E PATILICE	LAST
	5011/4	NOV. 17, tues	52 BW	
acont dec	CROMITIAN		AND DE	, wearing a
	REGINAL RELIA	LATIGROE	E-ETROTWA	TOBISOR
	.dr tosions tot		ustrator in species	and denorm
		2000		
	TE WARREN ONE	REDDA . 20K - 1.057		
	nementonorman	WAR EVIOURIA	ONESERIO	
x, 2	TE STAN	7.F-20	MARCH 1.9.	X
	MARCE IV	7.1-2.0 7.1-2.0	VE HOTEM	
	AT SORAN	v 7.1-30	AL HOUNT	x
	MARCE IV			
			MARCH 17,	DH. VINC

STATE OF MARYLAND 79-05921 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT 470 OHN 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX YEAR NEGRO BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY MSA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CLIY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ACHINIS 10 mmunica JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 131 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND BALTO. RANDALISTOWN \$565 WINANDS ROAD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ANIDD15 LAST JOHN WYNDER **JOMNSON** ADDRESS 16b. SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES KOREAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF a liavascula Chiose Canditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART NOT 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNT STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 17 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on \_\_\_\_\_\_\_obave (1) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SJGNED 226. SIGNATURE DEGREE 2/15/79 ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION RANDALLSTOWN THOMAS CEMETERY 24. FUNERAL DIRECTOR -DHMH - 16 50M 7/77 LEWIS T. GWYNN 4517 PARK NEIGHTS AVENUE (VR A 15 (4))

5.5 1133

MORMICS.

June 213 14 5374 A		VV	t	
Such Ward		Official s		717410
Section Order Cardinals		ASF	0	E - 2 Charles
Seal R. W. Jane 5				
	Jaka Univer	.75.	.91.42	لا در ور الحاج الم
II LUCAN 213 14 5374 A		1,4		une b
	14 5374 A	213	NASIOA	SI

3145 2/2/7\* St. MC445 CHC45 (441) MACTON (4415) 48.

	TELES	STATE	OF M	ARYL	AND	
D	EPARTMENT				MENTAL	H

79-05922

YGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDOLE LAST 20. DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) Gorman Clarence Yeager 3/29/79 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS July 17,1919 DAYS White Male INTERPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U. S.A. Maryland WIDOWED DIVORCED Baltimore County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Supervisor 6701 N. Charles St. 21204 Beth. Steel Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c. CITY OR TOWN 707 Cedarcroft Rd 13d. INSIDE CITY LIMITS? Baltimore YES X NO [ Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Biltz Mary Yeager ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 212-12-0359 (IF YES, GIVE WAR OR DATES) Mr David E Yeager 1826 Wycliffe Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Metastatic Adenocarcinoma IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ YES [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE WHILE AT WORK 3/29/79 220 I certify that (1) (this haspital) attended the deceased from 3/29 sow the deceased alive on , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death DEGREE 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN N

io. 0 0 à sha Mentol Hyg 00 0 ō Should be detowith the State [ MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Nathan M. Rosenblum, M.D. GBMC. 6701 N. Charles St. 21204 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Md STATE (SPECIFY Burial Bel Air Harford Bel Air Memorial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15 (4)) Leonard JRuck Inc. Baltimore, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the bushald be detached for use as the busial-transit permit. Then please remove corbonpapers. Pages 1 and 2 shauld be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

FOR

uneral director, page 3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	0		0	0	0	2	6
7	3	-	U.	J	y	4	

	REGISTRAR		- 64	WELL ST	CERTIF	ICATE OF DEATH	REG. N	0. 19	-059	123
	CEASED NAME	FIRST	_	MIDDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
		illiam		onard		erman		3 7	1979	12:15p
3 SE)	Male	. 4 F	race W	hite	5. DATE (		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
		OREIGN 7b								
-			(IF NOT IN SU	CH FACILITY, GIVE STREET	G HOME (	OR OTHER INSTITUTION	170 USUAL OCCUPAT	ION OF WORKING LIFE)	12b. KIND C	ruction
USUA 130. S	AL RESIDENCE (IF NUR: TATE MD	113h COUNTY		1134 CITY OF TOW	N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 10808 Dav	is Ave	2.	
14 FA	THER'S NAME FIRST			Zimmer	man	Rosie	Matilda			ler
						17. INFORMANT Mrs 3708 Crossle	. Betty Louigh Court,	<sup>ESS</sup> Albri Randal	ght Istown	, 2113 , MD
ICATION	PART 2 OTHER SIGI	NIFICANT CON					INAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	IGS USED
-	OR CONTRIBUTING [	CAUSE OF DEATH AL EXAMINER)	HOUR A	.M. MONTH DA	YEAR		YES NO	YES		NO []
ME	AT WORK AT WO	PRK -	(AT HOME, ST	REET, FACTORY, OFFICE, F.		STREET			COUNTY	STATE
	saw the deceas	ed ofive on	Mai	rah 4,197	9 . 01	nd that in (my) (aur) opinian (	,	-	and from the	
	276. SIGNATURE  DEGREE  MD. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN							22c. DATE	SIGNED	
	22d PHYSICIAN'S N	AME (TYPE OR PRI	NT)		MA	22e. ADDRESS	LIST B.	11	200	1211
	1010117	hall	4.し	eone	1-114	TII WITO	TU 1 1 1 10	170,	1177-	-141
	130. S	DE BIRTHPLACE (STATE OR FICOUNTRY)  MD  CITY OR TOWN OF DEA  RANDAL RESIDENCE (IF NURS  130. STATE  MD  14 FATHER'S NAME FIRST  EMOTY  160 WAS DECASED EVER (YES, NO CR UNKNOWN)  NO  18 CAUSE OF DEAT PART I. DEATH W  Canditions, if ony, gave rise to imm cause icol, stotif underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UNIO 720. I certify that (I) Saw the decase obove, all parts  190 DATE OF OPERA  210. ACCIDENT WAS UNIO 210. I certify that (I) Saw the decase obove, all parts  190 DATE OF OPERA	DE BIRTHPLACE (STATE OR FOREIGN MD)  MD  COUNTRY)  MD  COUNTRY)  MD  COUNTRY)  MD  COUNTRY)  Randalls town  USUAL RESIDENCE (IF NURSING HOME OR OTHER 136. STATE  136. COUNTRY  MD  14 FATHER'S NAME FIRST  EMOTY  VEX  160 WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only or PART 1. DEATH WAS CAUSED B  IMMEDIATE C  Canditions, if ony, which gove rise to immediate cause 101, stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT CON  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. I certify that (I) (this hospital) saw the deceased olive on obove of the local example (idea not vi)  110. ACCIDENT WAS UNDERLYING CONCORDED  WHILE AT WORK  210. I certify that (I) (this hospital) SAW the deceased olive on obove of the local example (idea not vi)	DESTRIPLACE (STATE OR FOREIGN TO COUNTRY)  MD  USD  COUNTRY)  MD  USD  COUNTRY)  MD  USD  Randallstown  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY)  MD  Baltimore  Is FATHER'S NAME FIRST  WORD DECENSED EVER IN U.S. ARMED FORCES? (YES, NO CR UNKNOWN)  IF YES, GIVE WAR OR DATES)  PART I. DEATH WAS CAUSED BY.  Canditions, if ony, which gove rise to immediate cause icol, stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS C  PART 2 OTHER SIGNIFICANT CONDITIONS C  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF Either, NOTIFY MEDICAL EXAMINER)  210. I certify that (I) (this hospital) ottended the country of the decensed alive on obove, when the decensed alive on the decensed alive on obove, when the decensed alive on the decense of the decensed alive on the decense of the de	DESTRIPLACE (STATE OR FOREIGN COUNTRY)  MD  USA  IT CITY OR TOWN OF DEATH  Randallstown  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130 COUNTY  MD  Baltimore  WOOdstoc  If FATHER'S NAME FIRST  (YES, NO OR UNKNOWN)  IF YES, GIVE WAR OR DATES)  NO  18 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and gave rise to immediate cause io), storing the underlying cause lost  Canditions, if ony, which gave rise to immediate cause io), storing the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONTRIBUTING CAUSE OF DEATH (IF INDURY)  OR CONTRIBUTING CAUSE OF DEATH (OF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING CONTRIBUTING TO E  WHILE NOT WHILE AT WORK  210. I certify that (I) (this hospital) ottended the deceased from sow the deceased olive on obove, of Use I (c) in your wish body after death.	Mate  Mate  White  Io BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MD  USA  WIDOWE  WISA  WIDOWE  WISH  Randallstown  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  Id FATHER'S NAME  FIRST  EMOTY  WOODSTOCK  (YES, NO OR UNKNOWN)  IO BALTIMOTE  WOODSTOCK  WOODSTOCK  IO BALTIMOTE  IO BALTIMOTE  IO BALTIMOTE  WOODSTOCK  IO BALTIMOTE  IO BA	Mark   White   1	BIRTHPLACE   STATE OR FOREIGH   To CITIZEN OF WHAT COUNTRY?   BIRTHPLACE   STATE OR FOREIGH   TO COUNTRY?   BIRTHPLACE   STATE OR FOREIGH   TO COUNTRY?   BIRTHPLACE   STATE OR FOREIGH   TO COUNTRY?   BIRTHPLACE   STATE   TO COUNTRY?   BIRTHPLACE   STATE   TO COUNTRY?   BIRTHPLACE   STATE   TO COUNTRY   TO COUNTRIBUTION   TO COUNTRY   TO CO	BIRTHPLACE JSTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?  SOUNITY OF COUNTRY  SOUNITY OR SOUNTY  SOUNITY OR SOUNTY  SOUNITY OR SOUNTY  SOUNITY OR SOUNTY  BALTIMORE CITY OR COUNTY  BALTIMORE COUNTY  BALTIMORE CITY OR COUNTY  IT SUBJECT TO STATE INSTITUTION  IT SUBJECT TO STATE INSTITUTION  IT SOUNTS OF WORKING WEST AND SERVED AND SER	BIRTHPIACE   STATE OR FOREIGN   75 CHIZEN OF WHAT COUNTRY   8 MARRIED   NEVER MARRIED   9 BALLIMORE CITY OR COUNTY OF DEATH   11. NAME OF HOSPITAL, NURSING MOME OR OTHER INSTITUTION   12 USUAL OCCUPATION   12 USUAL OCCUPATION   12 USUAL OCCUPATION   12 USUAL OCCUPATION   13 CHIZOR COUNTY OF DEATH   13 COUNTY   14 USUAL OCCUPATION   13 CHIZOR COUNTY OF DEATH   13 COUNTY   14 USUAL OCCUPATION   13 CHIZOR COUNTY OF DEATH   13 COUNTY   14 USUAL OCCUPATION   13 CHIZOR COUNTY OF TOWN OF WORK WOOD BY WORKHOOD BY WORKHOOD BY WORKHOOD BY WORKHOOD BY WORKHOOD BY WORKHOOD BY WOODS TOWN   14 USUAL OCCUPATION   13 CHIZOR COUNTY   14 USUAL OCCUPATION   14 USUA

BP. DHMH - 16 50M 1/76

etoined by the hospital or attending physician.

(VR A 15 (4))